

## **COBOURG ANGELS SOFTBALL ASSOCIATION**

## **2020 COACHING APPLICATION**

NAME:	CC#
YEARS COACHING EXPERIENCE	
ADDRESS:	POSTAL CODE
PHONE #	EMAIL ADDRESS
TEAM LASTED COACHED	
Tell us about your coaching his	tory, you're coaching philosophy and anything else that will help us in our decision.

As an association, we are involved in fundraising to help with our costs. All teams are expected to assist in this cause. We are also active in bringing Provincial tournaments to our town and it is expected that all members, when available assist all our teams with hosting activities. Our association also holds winter workouts to prepare our players for the upcoming season and also to introduce new players to our game of softball. It will be a requirement for all coaching staff to assist with these indoor sessions.

Do you have a daughter pl	aying with Cobour	g Angels?	Yes	No	Age Group
Do you have a First Aid Cer	rtification Yes	No	Expiry I	Date	
ist your personal sports a	nd recreation expe	eriences:			
List any previous coach	ning experiences				_
List any other qualifica	ations which would	qualify yo	ou as a yo	uth coa	ech
rovincial Women Softball articipate in clinic's to up	•	res NCCP (	Qualificat	ions. W	/hat is your current level and are you willing to
leas list two references th					
					Phone Phone
f you have Assistant Coacl	h(s) you are consid	ering plea	ase indica	te their	name and email/phone number  and email/phone number
Please Submit application	to: Cobourg Jr. Aı	_			
	Attention: Jore P.O. Box 1125				