

CHILLIWACK MINOR LACROSSE ASSOCIATION



Coaching Application

(to be completed by all prospective Minor Division coaches)

Name	_____	Phone	_____
Address	_____	Cell	_____
City	_____	Email	_____

Please indicate your highest level of certification

Coaching Level - Certification	None	In Training	Trained	Certified
Level 1 - Community Development	<input type="checkbox"/>			
Level 2 – Competitive Introduction				
Level 3 – Competitive Development				
NCCP #				

Please indicate which caliber you would like to coach and which position

	Mini Tyke	Tyke	Novice	Peewee	Bantam	Midget
“A” (Advanced)						
“B” (Intermediate)						
“C” (House)						
Female						
Head Coach						
Assistant Coach						

Coaching History – please indicate what ages and levels you have coached for the following:

Year	Club	Level
2019		
2018		
2017		
2016		
2015		
2014		

Please provide a brief summary of your coaching theory:

I understand that submission of this application does not guarantee me a coaching position with Chilliwack Minor Lacrosse for the 2021 season.

Signature _____

Date _____

Send completed form to: VP of Development
Email: vpdevelopment@chilliwacklacrosse.com
