

Pocatello Lacrosse Club Coaches Application

Please Submit application to pokylaxboard@gmail.com

First Name:	Last Name:
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Level to Coach:	<input type="checkbox"/>	K-1 Co-Ed	<input type="checkbox"/>	2-4 Co-Ed	<input type="checkbox"/>	5-6 Co-Ed	<input type="checkbox"/>	7-8 Co-Ed	<input type="checkbox"/>	High School Boys
	<input type="checkbox"/>	Middle School Girls	<input type="checkbox"/>	High School Girls						

USA Lacrosse Number:	Lacrosse Certs:
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Physical Address: <i>(include State/Zip Code)</i>
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How Long:	SSN:
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Home Phone:	Cell Phone:
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Email Address:

Employment Information

Current Employer:	Phone Number:
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Physical Address: <i>(include State/Zip Code)</i>	
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Position:	How Many Years:
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Coaching Experience

Coaching Philosophy in Brief

Personal and Coaching References

Children Playing in Club

Name:	Age:
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Name:	Age:
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Name:	Age:
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Signature

I Authorize the verification of the information provided on this form as to my ability to Coach in Pocatello Lacrosse Club.

Signature of Applicant:	Date:
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