

HEAD COACH & ASSISTANT COACH APPLICATION FORM

LONG ISLAND ARROWS
P.O. BOX 441
FREEPORT, NY 11520

Head Coach
 Assistant Coach

Please Print All Information Clearly

Coach's Name: _____ Age:(optional) _____
Address: _____ E-mail Address: _____
City/State: _____ Cell Phone: _____
Zip Code: _____ Work Phone: _____
Home Phone: _____ Home Phone: _____

Do You Have Children Playing?

Child's Name _____ Child's Team _____ Date of Birth _____

Child's Name _____ Child's Team _____ Date of Birth _____

Check Program Preference & Level

Mite Red Squirt AA Bantam A Midget Major (18U)
Mite Blue Pee Wee A Bantam AA
Squirt A Pee Wee AA Midget Minor (16U)

Coaching Certification (please attach a copy of your card to this application.):

Level: _____ Date Obtained: _____

Coaching Experience:

Organization _____ Team _____ Position _____ From Date to Date _____

Organization _____ Team _____ Position _____ From Date to Date _____

Playing Experience:

Organization _____ Team _____ Position _____ From Date to Date _____

Organization _____ Team _____ Position _____ From Date to Date _____

Coaching References:

Name _____ Phone _____

Name _____ Phone _____

Authorization:

Will you allow a background check by the Long Island Arrows? Yes No

Signature _____ Date _____