

Port Coquitlam Minor Softball Association
2012 Coaching Application



Personal Information

Full Name: _____
First Last

Street Address: _____

City, Province, Postal Code _____

Email Address: _____
Preferred Alternate

Phone _____
Home Cell Work/Other

Personal References

Name: _____	Relationship _____	Contact Info _____
Name: _____	Relationship _____	Contact Info _____

Alternate Contact (Spouse/Partner)

Name: _____	Relationship _____	Contact Info _____
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Application Particulars

Softball Coaching Experience:

Association: (ie PCMSA) _____	Level or age group: _____	Position: _____	# of yrs: _____
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Other Coaching Experience:

Sport: _____	Level or age group: _____	Position: _____	# of yrs: _____
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Coaching Certification. List any certifications, including non Softball Related

Certificate Issued By: _____	Level: _____	Certificate Number: _____	Date Issued: _____
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Division you are applying for:

LTP, Mini Mite, Mite, Squirt, PeeWee, Bantam, Midget, Junior

Do you have a son or daughter in the division you are applying for? yes no

Do you have Assistant Coaches you wish to work with?

Name: _____	Name: _____
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Note: All Coaches and Assistant Coaches are required to complete a Criminal Record Check prior to season start up. Forms to be completed and submitted in person to local RCMP Detachment Offices. Any cost associated with processing of this will be paid for by the Association, with valid receipt.