



LAUREL STEELERS FOOTBALL

Coaching Application

NAME: _____

ADDRESS: _____

PHONE #: (H) _____

(C) _____

EMAIL: _____

DESIRED COACHING POSITION REGULAR SEASON 2010:
(PLEASE ALSO SPECIFY THE AGE GROUP – i.e. Head Coach/6 – 8 or Asst. Coach 7 – 9, etc.)

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

BRIEFLY DESCRIBE YOUR COACHING AND/OR PLAYING EXPERIENCE:

DESCRIBE ANY COACHING EXPERIENCE YOU HAVE WITH YOUTHS:

PLEASE PROVIDE ANY REFERENCES RELEVANT TO YOUR COACHING EXPERIENCE:
(i.e. organizations name, contact person, phone number or email)

