

**SOOKE MINOR FASTBALL ASSOCIATION
2009
COACH'S APPLICATION**

Name: _____

Address: _____

Phone Number: Res: _____ Work: _____

Email: _____

Softball B.C. Membership Number: _____ (application available at registration)

National Coaching Certification Program (NCCP) qualifications:
(clinics are available) _____

Certificate Number: _____

Certified Levels: Theory: _____ Technical: _____ Practical: _____

Certified Level: _____

Requested coaching level: A _____ B _____ C _____

Requested coaching category:

LTP 1	_____	LTP2	_____
Mites_1	_____	Red Mites_2	_____
Squirt	_____	PeeWee	_____
Bantam	_____	Midget	_____

Previous Coaching Experience:

Coaching Values and Philosophy:

Suggestions and/or ideas?

Volunteer to help at winter clinics? _____

By signing below, you have acknowledged that by coaching a team and (if applicable) representing the team at the District Playoffs with the opportunity to move on to a B.C. Championship, that the team will represent Sooke at such events.

Signature: _____ Date: _____

Return to: Sooke Minor Fastball Association
P.O. Box 127 Sooke B.C. V9Z 0E5