

St. Columba CYO Basketball
Coach Application

Name _____

Phone: home _____ work _____ cell _____

Check number you can be reached at during school hours: home ____ work ____ cell ____

Check number you can be reached at during evening hours: home ____ work ____ cell ____

Address _____

Town _____ Zip code _____

Email (print clearly) _____

Email during school hours _____

Parish _____ Returning coach _____ New _____

Team requested: intramural ____ travel ____ division/grade _____ girls ____ boys ____

If you have a child playing, name and grade : _____

Name of person you wish to coach with: _____

Are you willing to coach in another division? _____

Date and Location attended Archdiocese Safe Environment Program _____

Have you submitted a background check authorization form to the St Columba rectory? _____

Practice nights and locations are limited, and start times range from 5pm to 7:30pm. Location will be throughout the Wappingers School District. We appreciate your flexibility.

Please indicate days and times you are **not** available to coach:

Signature of Applicant

Date