

**WILMINGTON YOUTH LACROSSE ASSOCIATION
2010 SEASON - COACHING APPLICATION**

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE:

HOME _____ WORK _____ CELL _____

E-MAIL _____

LACROSSE COACHING EXPERIENCE

TOTAL YEARS (ALL LEVELS) _____

LEVEL(S) (Check all that apply) U-11 _____ U-13 _____ U-15 _____ WOMEN/GIRLS _____

Did you ever coach outside the WYLA Program? Y/N _____ If YES, list Program/Year(s)/Level below

PROGRAM

YEAR(S)

LEVEL

Position/Team Applying For:

Team Preference: (Check all that apply) U-11 _____ U-13 _____ U-15 _____ Girls _____ (If fielded)

Position Preference: (Check all that apply) Head Coach _____ Assistant Coach _____ Team Manager _____

Any position _____

RELATED EXPERIENCE

Experience Playing Lacrosse (list years played at each level):

Youth Lacrosse _____ High School _____ College _____ Club _____

Other Sports Coaching Experience:

Sport/Level

Years Coaching

Program/Town

Pertinent information that you feel would be beneficial for your consideration as a coach:

Coaches must read and sign the WYLA Coaches code of Ethics and are subject to a CORI Form review.

Applicant Signature _____ Date _____