

**ST.CATHARINES LADIES SOFTBALL LEAGUE
HOUSELEAGUE COACHING APPLICATION 2012**

NAME: _____

AGE _____ (If under 19)

ADDRESS _____

CITY _____

POSTAL CODE _____

PHONE #: _____

EMAIL _____

I AM APPLYING TO: COACH: _____ ASSIST: _____

Learn to Play _____ Mite _____ Squirt _____

Novice _____ Bantam/Midget _____ Ladies: _____

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If you are applying to coach with someone, list below and make sure they have also sent in their application.

If you have a sponsor, you must notify Marianne Allen at 905-682-3068 immediately. Who is the sponsor?

If there is a player who must be on your team (wife, daughter), Please print.

Previous Softball Experience

Please Provide Three (3) References:

1. Name: _____ Address: _____ Phone _____
2. Name: _____ Address: _____ Phone _____
3. Name: _____ Address: _____ Phone _____

All Coaches will be required to attend a Coaching Clinic and must adhere to all rules of the St. Catharines Ladies Softball League. The league Executive must approve each member of the coaching staff and all coaches must apply separately. All applications may require a Police Clearance. We are committed to protecting the privacy of your personal information. We may maintain a record of our interaction. Occasionally we may contact you with softball related communications.

SIGNATURE _____

DATE _____

Shirt Size: Adult S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____