



CITY OF CORONA
 LIBRARY AND RECREATION SERVICES: SPORTS PROGRAM
 400 S. VICENTIA AVE.
 951-736-2368
 FAX: 951-279-3683

Volunteer Coach Application

Name: _____ Mailing Address: _____

Contact Info : _____ City, Zip Code: _____
 (H): _____ (CELL): _____

We will be giving out your phone number to your players parents, which number would you prefer that we give out:
HOME CELL BOTH

Email Address: _____

Indicate Which Sport and Division You Would Like to Coach

Youth Basketball Please circle all that apply)	<u>WINTER 2018</u>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Division (s) -</td> <td style="width: 15%;">Pee Wee</td> <td style="width: 15%;">Junior</td> <td style="width: 15%;">C</td> <td style="width: 15%;">B</td> <td style="width: 15%;">A</td> </tr> <tr> <td style="text-align: center;">Ages</td> <td style="text-align: center;">4-5</td> <td style="text-align: center;">6-7</td> <td style="text-align: center;">8-9</td> <td style="text-align: center;">10-11</td> <td style="text-align: center;">12-14</td> </tr> </table>	Division (s) -	Pee Wee	Junior	C	B	A	Ages	4-5	6-7	8-9	10-11	12-14	
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Ages	4-5	6-7	8-9	10-11	12-14								

Player Information

Name (s) of the players who are direct family members and need to be placed on your team (if applicable): 1. _____ 2. _____ 3. _____	Name of Assistant Coach (if any) _____ <hr/> Assistant Coach's children who need to be on the team: 1 _____ 2: _____
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Supplemental Questions

1. In your words, briefly describe what the most important aspect of coaching is:

2. Briefly explain your motivation for coaching:

For office use only:	Finger prints <input type="checkbox"/>
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