

Stockbridge Booster Club Coaching Application

| Full Legal Name: | Date of Birth: |
|--|----------------|
| Current Address: | |
| City, State, Zip Code | |
| Phone Number: Email Address: | |
| What sport are you interested in coaching and at what grade level? | |
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| Do you have prior coaching experience? If so, please list when, whe | · |
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| How would you describe yourself as a youth coach? | |
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| Do you have an assistant coach in mind to assist with the season? If | yes, who? |
| Do you have any cortifications such as CDP, AED, or First Aid? | Vos. No. |

