

EBYSA TRAVEL COACH APPLICATION

NAME: _____ TELEPHONE _____

ADDRESS: _____

E-MAIL ADDRESS: _____

COACHING PREFERENCE(S):

1ST: AGE GROUP: _____ BOYS/GIRLS: _____ DIVISION: _____

2ND: AGE GROUP: _____ BOYS/GIRLS: _____ DIVISION: _____

1. Number of General Meetings attended in the last year _____

2. Names of **two** coaches you have coached with in the past. Please include telephone numbers

1. _____ 2. _____

4 Do you have a child currently in EBYSAs, which you are interesting in Coaching?
If so, please indicate the child's name, gender, date of birth and current coach.

Yes: _____ No: _____

Child's Name: _____ Gender: _____ DOB: _____

Current Coach: _____

5. Please circle the MYSA Coaching licenses, which you currently hold, if any:

G F E D C B A

6. **Coaching Experience.**(Please give actual Year(s))

Town Fall league: _____

Spring Travel league: _____

Other coaching experience. _____

If you would like to attach letters of recommendation(s), please feel free to do so.

7. **General Comments:** Please use this section for any additional information which you would care to provide to help EBYSAs with its selection process.

Signature: _____ **Date:** _____

Please mail application forms to: Toni Parker
25 Pine Ridge Rd
East Bridgewater, MA 02333