

VII. D.A.D. Athletic League Coaching Application

To be completed by individuals who wish to Coach
in either the New York and Connecticut Leagues

1. Name: _____

2. Church: _____

3. Address: _____

4. Phone Number: _____

5. Mobile Phone Number: _____

6. E-Mail Address: _____

7. Team that you are applying to coach: _____

8. Previous coaching experience: _____

9. I acknowledge that I have reviewed, understand and will abide by the D.A.D. Athletic Rules and Guidelines Manual concerning the Sport that I coach. _____

Signature of Applicant

Proistameno's Signature

Date

----- *Administrative Approval* -----

Signature

Date

This completed form needs to be presented to the Proistameno