

PERRY HALL LACROSSE CLUB



Coaching Application

Please email your submission to perryhalllacrosseclub@gmail.com

☐ Head Coach ☐ Assistant Coach ☐ Helper

Please Print All Information Clearly

Coaches Name:	_____	Birth Date:	_____
Address:	_____	E-Mail Address:	_____
City/State:	_____	Cell Phone:	_____
Zip Code:	_____	Work Phone:	_____
Home Phone:	_____		

Do you have children playing? Yes ☐ No ☐

Name: _____	Team: _____	Date of Birth: _____
Name: _____	Team: _____	Date of Birth: _____

Preferred Age Group to Coach:

Tyker ☐ Lightning ☐ Midget ☐ Juniors ☐ High School ☐

Coaching Experience:

Organization: _____	Team: _____	Position: _____	Dates: _____
Organization: _____	Team: _____	Position: _____	Dates: _____
Organization: _____	Team: _____	Position: _____	Dates: _____

Playing Experience:

Organization: _____	Team: _____	Position: _____	Dates: _____
Organization: _____	Team: _____	Position: _____	Dates: _____
Organization: _____	Team: _____	Position: _____	Dates: _____

Coaching References:

Name: _____	Email: _____	Phone: _____
Name: _____	Email: _____	Phone: _____

Certifications:

