

BGSFA Flames Coaching Application

Return to: Wendy Rebelo bgsavp@gmail.com

CC: Manuel Silva silvaegs@yahoo.ca

Name:		Phone #:		e-mail:
Address:		Work #	Cell #	
City:	NCCP #	Level:		Fax #:
Postal Code:	Courses registered for this off-season:			
Position Applying for:		Age group:		

Fast pitch Background:

Number of Years Played: H/L____ Rep____ Adult____	Number of years coached: H/L____ Rep____ Adult____
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Previous 5 years coaching experience:

Year:	Team:	Association:
Accomplishments:		
Contact:		

Year:	Team:	Association:
Accomplishments:		
Contact:		Phone #

Year:	Team:	Association:
Accomplishments:		
Contact:		Phone #

Year:	Team:	Association:
Accomplishments:		
Contact:		Phone #

Year:	Team:	Association:
Accomplishments:		
Contact:		Phone #

Coaching Experience - Other Sports:

Years:	Sport:	H/L ____ Rep ____ Adult ____
Years:	Sport:	H/L ____ Rep ____ Adult ____
Years:	Sport:	H/L ____ Rep ____ Adult ____

Additional courses, clinics and seminars attended with date and location: (i.e.; trainer, time management/planning, instructional clinics)

Briefly list your coaching philosophy on next page along with expectations you have for your player's age group: ➔

Signature:	Date:
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My coaching philosophy is :