



SIX NATIONS MINOR LACROSSE ASSOCIATION  
 P.O. Box 511  
 OHSWEKEN, ONTARIO  
 NOA 1M0

## SNMLA 2010 COACHING APPLICATION FORM

|  |                     |                        |                    |
|--|---------------------|------------------------|--------------------|
| <b>NAME</b>  |                     |                        |                    |
| <b>ADDRESS</b>   |                     |                        |                    |
| <b>EMAIL</b>   |                     |                        | <b>Shirt Size:</b> |
| <b>HOME PHONE</b>  |                     |                        |                    |
| <b>CELL PHONE</b>  |                     |                        |                    |
| <b>Team Choice</b>   | 1 <sup>st</sup>     | 2 <sup>nd</sup>        |                    |
| <b>Coaching Certification</b><br>(check all that apply)                          | <b>Box Theory 1</b> | <b>Box Technical 1</b> |                    |
|  | <b>Box Theory 2</b> | <b>Box Technical 2</b> |                    |
| <b>PREVIOUS COACHING EXPERIENCE</b>  |                     |                        |                    |
| <b>NCCP #</b>  |                     |                        |                    |
| <b>Position &amp; Year</b>   |                     |                        |                    |
| <b>Age Level(s)</b>  |                     |                        |                    |
| <b>Division Level(s)</b>   |                     |                        |                    |
| <b>Do you potentially have a child playing at this level? Yes _____ No _____</b> |                     |                        |                    |
| <b>PLEASE LIST THREE REFERENCES WE MAY CONTACT BY PHONE</b>                      |                     |                        |                    |
| <b>Name</b>  |                     |                        | <b>Phone #</b>     |
| <b>Name</b>  |                     |                        | <b>Phone #</b>     |
| <b>Name</b>  |                     |                        | <b>Phone #</b>     |
| <b>Do you have prospective coaching staff in place? Yes _____ No _____</b>       |                     |                        |                    |
| <b>If yes, please list below</b>   |                     |                        |                    |
| <b>Name</b>  | <b>Position</b>     | <b>Certified?</b>      | <b>Shirt Size</b>  |
|  |                     |                        |                    |
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**Other pertinent coaching experience:**

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**Please give a brief description of your coaching philosophy as it pertains to lacrosse:**

(you may attach a sheet, if you wish)

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**Please give a brief description of your season plan:**

(you may attach a sheet, if you wish)

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**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please return this application form before March 1<sup>st</sup>, 2010, by email or hand deliver to any committee member.**

**Bear Hill**  
**bear.hill@hotmail.com**