



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

SNMLA 2012 COACHING APPLICATION FORM

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

Other pertinent coaching experience:

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

(you may attach a sheet, if you wish)

Please give a brief description of your season plan:

(you may attach a sheet, if you wish)

Date: _____ **Signature:** _____

Please return this application form before January 10, 2012, to the address above.