

Please return to:
Covington Parks & Recreation
Attn: Sean Conway
16720 SE 271st St, Suite 100
Covington, WA 98042



APPLICATION FOR YOUTH BASKETBALL COACH

Name of Applicant _____ Shirt Size _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Phone # you would like me to give to parents _____

Email you would like me to give to parents _____

League you wish to coach:

Divisions

Pre-K Division []	
Kindergarten Division []	
1 st /2 nd Grade Division Boys []	1 st /2 nd Grade Division Girls []
3 rd /4 th Grade Division Boys []	3 rd /4 th Grade Division Girls []
5 th /6 th Grade Division Boys []	5 th /6 th /7 th Grade Division Girls []
7 th /8 th Grade Division Boys []	
Games start Jan. 16	

Do you have a son/daughter playing in the age group you wish to coach? If so what is your child's name.

Do you have an assistant coach? What's their shirt size? If yes, list assistant coach's name, phone number, and address. _____

Practices will be weekdays between 5pm-8pm. Do you have a preference which day and time your team practices? _____

Do you or someone you know want to sponsor the team? If so, please provide contact info: _____

General Questions

Why do you want to volunteer to coach? _____

List three things that you would like your team to accomplish this season. _____

This form must be returned to Covington City Hall no later than Dec. 9th to be considered.