

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

APPLICATION FOR YOUTH ATHLETICS 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 _____

Which sport & division you wish to coach: _____

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

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 before the coaches meeting in order to be considered.

