

Please return to:  
Covington Parks & Recreation  
Attn: Athletic Specialist  
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.

