2019 Team BC Box Lacrosse Program

Coach Application Form

Zone: *(check box)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Division: *(check boxes)* ☐ Midget ☐ Bantam ☐ PeeWee ☐ Female Jr. ☐ Female Midget ☐ Female Bantam

Position: *(check applicable boxes)* ☐ District Coach ☐ Head Coach ☐ Assistant Coach ☐ Evaluator

Contact Information

Name _____

Street Address _____ **City** _____ **Postal Code** _____

E-Mail Address _____ **Phone (Work)** _____ **Phone (Home)** _____ **Phone (Cell)** _____

Current Coaching Information

Association:

Division: *(check boxes)* ☐ Junior ☐ Midget ☐ Bantam ☐ PeeWee **Tier:** ☐ A1 ☐ A2 ☐ B ☐ C ☐ Female

Head Coach ☐ **Assistant Coach** ☐ ***Have you been a past*:** **District Coach** *Yes* ☐ *No* ☐ **Team BC Coach** *Yes* ☐ *No* ☐

Certification #: _____ **Level of Certification**: _____

Minimum Requirements – ALL COACHES

- Box Competitive Introduction **Certified (Level 2)**
- Member in Good Standing of the BCLA and BC Lacrosse Coaches Technical Support Group Endorsement of Home Association and Association Coaching Coordinator
- Outline of Coaching Philosophy (Please Attach)
- Past Coaching Experience (Please Attach)
- Available for All Selection Camps, Training Camps & National Championship

DEADLINE: Thursday, January 3, 2019 to BCLA Office by 4:00 PM to the BCLA Office – FAX 604-421-9775 E-Mail: dave@bclacrosse.com

_____
Date *Applicant Signature*

_____
Date *Association President Signature*

_____
Date *Association Coaching Co-ordinator or Head Coach Signature*