

**Si View Metro Parks / Youth Sports**

**PO Box 346**

**North Bend WA 98045**

425-831-1900

**2014-2015 Coaching Application / Letter of Intent**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ (day)  
\_\_\_\_\_ (eve)

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Head Coach

\_\_\_\_\_ Assistant Coach

Age/ Grade Level Requested: \_\_\_\_\_ 4<sup>th</sup> Grade: \_\_\_\_\_ Boys \_\_\_\_\_ Girls

\_\_\_\_\_ 5<sup>th</sup> Grade: \_\_\_\_\_ Boys \_\_\_\_\_ Girls

\_\_\_\_\_ 6<sup>th</sup> Grade: \_\_\_\_\_ Boys \_\_\_\_\_ Girls

\_\_\_\_\_ 7<sup>th</sup> Grade: \_\_\_\_\_ Boys \_\_\_\_\_ Girls

\_\_\_\_\_ 8<sup>th</sup> Grade: \_\_\_\_\_ Boys \_\_\_\_\_ Girls

Do you have a child playing basketball in our program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what age level(s): \_\_\_\_\_

Do you wish to participate with his/her team level? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current First Aid/CPR certified? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Prior basketball experience: (indicate what level) \_\_\_\_\_

Prior Coaching Experience: \_\_\_\_\_

\_\_\_\_\_