

2017 ST. FRANCIS SUMMER CLASSIC REGISTRATION FORM

COACHES

NAME _____ MALE FEMALE

ADDRESS _____

PHONE NUMBER FOR CONTACT _____

EMAIL ADDRESS FOR CONTACT _____

EXPERIENCE AS COACH

HAVE YOU COMPLETED DIOCESAN VIRTUS PROGRAM? Y/N

DO YOU HAVE A DIVISION YOU PREFER TO COACH IN?

DO YOU HAVE A CHILD PLAYING IN THIS DIVISION ?

DAYS OF THE WEEK YOU ARE AVAILABLE

LIST ANY WEEKS YOU ARE NOT AVAILABLE DUE TO VACATION, ETC.

WE WILL CONTACT YOU IF WE HAVE AN OPPORTUNITY FOR YOU TO COACH