

**2019 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