

**2024 ST. FRANCIS SUMMER CLASSIC COACH REGISTRATION FORM**

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