St. Mary's County Youth NFL Flag Football
2010 Application for Coaching

I am applying for the position of ____ Head Coach____ Assistant Coach

NAME: _____
(Last) (First) (MI)

ADDRESS: _____

_____

TELEPHONE NUMBERS: Home: _____ Work: _____

Mobile: _____ **E-Mail Address**: _____

Are you certified through NYSCA? _____ if so, expiration date: _____

Describe your coaching experience:

_____

_____

Describe what would make you a good coach for the team you have requested to coach:

_____

_____

I hereby apply for consideration as a coach with the St. Mary's County Youth NFL Flag Football League. My signature below authorizes the St. Mary's County Youth NFL Flag Football League to perform a background check with the local authorities to determine my eligibility for this position. I further understand that I must be certified through NYSCA by paying the membership fee and attending the classes required (and/or have a current membership with NYSCA as a certified coach) in order to coach for the St. Mary's County Youth NFL Flag Football League. There are no exceptions to this rule. I agree to obey to all coaching standards set forth by the St. Mary's County Youth NFL Flag Football League board of directors.

_____
SIGNATURE DATE