

**SOOKE MINOR FASTBALL ASSOCIATION**

**COACH'S APPLICATION**

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

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

Phone Number:      Res: \_\_\_\_\_ Work: \_\_\_\_\_

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

Softball B.C. Membership Number: \_\_\_\_\_ (application available at registration)

National Coaching Certification Program (NCCP) qualifications:  
(clinics are available) \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Certified Levels: Theory: \_\_\_\_\_ Technical: \_\_\_\_\_ Practical: \_\_\_\_\_

Certified Level: \_\_\_\_\_

Requested coaching level: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

Requested coaching category:

LTP 1	_____	LTP2	_____
Mites_1	_____	Red Mites_2	_____
Squirt	_____	PeeWee	_____
Bantam	_____	Midget	_____

Previous Coaching Experience:  
\_\_\_\_\_  
\_\_\_\_\_

Coaching Values and Philosophy:  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions and/or ideas?  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer to help at winter clinics? \_\_\_\_\_

By signing below, you have acknowledged that by coaching a team and (if applicable) representing the team at the District Playoffs with the opportunity to move on to a B.C. Championship, that the team will represent Sooke at such events.

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

Return to: Sooke Minor Fastball Association  
P.O. Box 127 Sooke B.C. V9Z 0E5