

LAKE ELSINORE THUNDER FOOTBALL & CHEER

APPLICATION FOR HEAD POSITION

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____

PHONE : _____ AGE: _____ MARRIED: _____ SINGLE _____

EMPLOYERS NAME: _____ EMPLOYER PHONE : _____

FOOTBALL COACHING EXPERIENCE (if any) _____

WHY DO YOU WANT TO BE A HEAD COACH: _____

WHAT QUALIFICATIONS AND EXPERIENCE DO YOU HAVE TO BE A HEAD COACH:

HEAD COACHES COMMITMENTS BEGIN IN MAY WITH SUMMER CAMPS & CLINICS. WILL YOU BE ABLE TO TAKE PART? YES _____ NO _____

By signing below you, are agreeing to all requirements, understanding & acknowledging all requirements as a head coach.

Print Name:

Signature:

