



Coaching Application - 2007

Name _____

Street Address _____

City _____ Zip Code _____

Age ____ Phone _____ E-mail _____

Playing experience (school & travel) _____

DeDee's Coaching Experience (age group & number of years) _____

Parent's Name _____

Is there someone you wish to coach with? _____

Is there a player whose team you want to coach? (Brother / sister / cousin / neighbor, etc.) If so, what is his / her name & age group? _____

What age group(s) are you willing to coach? 3-4 ____ 5-6 ____ 7-8 ____ 9-10 ____

Are you willing to coach two teams? Yes or No (Circle) If 'Yes' Indicate above which 2 groups. (If you do take 2 teams they must be **either** a 3-4 / 5-6 **AND** a 7-8 **OR** 9-10 because of potential conflicts in the game schedule.)

Please return this application by mail or bring to the Niagara PAL Office, 4455 Porter Road, Niagara Falls, NY 14305.

MANDATORY COACHES MEETING - TUESDAY, JULY 3, 2007, 10 AM

At Niagara Falls High School Athletic Fields

Entrance from Pine Avenue

(IF RAIN – THURSDAY, JULY 5 – SAME TIME)

- Coaches will receive team assignments
- Coaches will go over the opening day schedule
- Learn the basic format of coaching your team(s).
- **Opening Day is Tuesday, July 10 – Please arrive EARLY.**

If you have any questions please call Mr. Carroll – 283-1332.