

WINFIELD YOUTH BASKETBALL LEAGUE COACH APPLICATION

WWW.WINFIELDYBL.COM
2007-08 SEASON

Last Name _____ First _____

Home Address _____

Home Phone _____ Other Phone _____

E:MAIL Address _____

Division You Wish to Coach (circle) 3rd & 4th / 5th & 6th / 7th & 8th

Have you ever played organized Basketball? _____ If yes, describe (high school, college, summer league, etc.) _____

Have you ever coached in the Winfield Youth League before? _____ If so, when? _____

Do you have any other basketball coaching experience? _____ If so, describe (ages, leagues, years) _____

Do you have any other coaching experience? (baseball, football, soccer, etc.) _____ If so, describe (ages, leagues, years) _____

Please list 3 references:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Signature _____ Date: _____