



Coach's Application—Flag Football 2010

Please print or type all information and e-mail or fax to 832-8500



Name _____

Mailing Address _____

City _____, NC Zip _____

Home Phone # _____ Cell # _____

Employer _____ Work Phone # _____

Email Address _____ Fax _____

Experience and reason for wanting to coach: _____

Age Group You Would Like To Coach : 7-9 year olds 10-12 year olds

Practice Times

**Please select a practice time for each sport chosen. Mark a 1st, 2nd, and 3rd choice. Please pick an earlier time if you are coaching a younger team. Remember, first come first serve.)*

Monday	4-5pm _____	5-6pm _____	6-7pm _____	7-8pm _____
Tuesday	4-5pm _____	5-6pm _____	6-7pm _____	7-8pm _____
Thursday	4-5pm _____	5-6pm _____	6-7pm _____	7-8pm _____

**As the first two practices are on a Saturday, please ALSO make a Saturday practice choice.*

Saturday	9-10am _____	10-11am _____	11-12pm _____
	12 - 1pm _____	1-2pm _____	2-3pm _____

**Later times will be dependent on the number of teams in league!*

Team Names

**Pick an NFL team name*

_____ First Choice

_____ Second Choice

_____ Third Choice

Would you like to sponsor a team? Yes ___ No ___ Maybe ___

Sponsor Name _____ Phone # _____