

ST. MICHAEL ATHLETIC ASSOCIATION
COACHING APPLICATION - RENEWAL FORM
2011 - 2012 Sports Year

Name: _____
PLEASE PRINT

How many years have you coached St. Michael CYO teams? (*circle one*)
0-1 year 2-4 years More than 5 years

Have you attended the CYO 6-hour Coaches Orientation class? Yes No

I certify that I have a "St. Michael Athletic Association Coaching Application" currently on file with the St. Michael Athletic Association and the information which has been provided on that form is accurate, current and complete to the best of my knowledge.

Signature

Date

The following are changes that need to be made to my Coaching Application on file to bring it up to date:

Address: _____ City, Zip: _____

Home Phone: () _____ Work Phone: () _____

Email: _____

Signature

Date