# CHAPEL HILL PARKS AND RECREATION DEPARTMENT
# 2017 SUMMER LEAGUE BASKETBALL COACHING APPLICATION

Please complete ALL information listed below. Incomplete applications or applications that have "refer to last year" will be returned.

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|---|---|
| **Head Coach Name:** | Phone: Home |
| Local Address: | Work |
| **Assistant Coach Name:** | Phone: Home |
| Local Address: | Work |

All Head Coaches must be 21 years of age.
**Please circle the age group you would like to coach.**

Ages: 10-12 yrs  Ages: 13-15 yrs  Ages: 16-18 yrs

| **Sports Experience and Participation** |
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| **Coaching Experience** |
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| **Related Information You Feel Should be Considered In Evaluating This Application** |
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| **References-Please do not Include Department Staff (Give Name, Title, Address, Phone #)** |
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If accepted for this coaching position, I hereby agree to abide by all rules and regulations set forth by the Chapel Hill Parks and Recreation Department and the decisions of the Parks and Recreation Department Staff.

_____ _____
Head Coach Signature  Date

_____ _____
Assistant Coach Signature  Date