Southside Dittle Miss Kickball		P.O. Box 6212 Corpus Christi, Texas 78466-6212
COACHES APPLICATION		
Name:	Age:	DOB: / /
A 11		TX Zip Code:
Home Phone:	Work Phone:	Cell Phone:
	(I can / cannot be contacted a	at work (circle one))
Employer:	Occupation:	
Check One: Head Coach	Assistant Coach ()
If applying for head coach, who are your choices for assistant. coaches:		
Team and Division Requestin		
Do you or your Assistant(s) have any girls playing kickball? If so,		
 (a) Girl's Name: Age: (b) Previous Team: 		
 (b) Previous Team: (c) Will she be claimed as a coach's option? YES NO (circle one) 		
Previous kickball coaching experience (age group(s), when, where):		
Other experience working with girls:		
References: (1)		Phone:
		Phone:
		Phone:
I understand that I will be resp fundraisers. Initial :	ponsible for and expected to hav	e my team participate in all league
I understand that a yearly Crin Initial:	minal History Background Check	k is required for this position.
Signature:		Today's Date:
LEAGUE USE ONLY		
Date Application received: / / Date coach approved: / /		
Has coach been tested? YES NO Date coach notified: / / Int.		
Background Check Completed: / / Cleared? YES NO		