



Saskatchewan Lacrosse Association



TEAM SASK COACHING APPLICATION

FIRST NAME:		LAST NAME:	
NCCP #:		COACHING LEVEL:	
ASSOCIATION:			
ADDRESS:			
EMAIL ADDRESS:			
PHONE NUMBER:		CELL NUMBER:	
APPLYING FOR BOX OF FIELD:		DIVISION:	

HAVE YOU COACHED A PROVINCIAL TEAM BEFORE? _____ IF YES WHICH TEAM/TEAMS AND HOW MANY YEARS:

Team	Years Coached





Saskatchewan Lacrosse Association



TOTAL NUMBER OF YEARS COACHED: _____. PLEASE OUTLINE BELOW.

TEAM	AGE	ORGANIZATION	YEARS COACHED

Please submit to the Saskatchewan Lacrosse Association Provincial Office via email at teamsask@sasklacrosse.net along with Coaching Resume. As per SLA Policy all successful applicants must pass a criminal record check.

COACHES NAME (PRINT)

COACHES SIGNATURE

DATE

OFFICE USE ONLY

DATE SUBMITTED:		DATE RECEIVED IN OFFICE:	
ASSOCIATION NOTIFIED:		COACH NOTIFIED:	

SLA EXECUTIVE DIRECTOR SIGNATURE

DATE

SLA COACHING CHAIR SIGNATURE

DATE

SLA BOX/FIELD SIGNATURE

DATE

APPROVED/DISAPPROVED

DATE

