



CITY OF MELROSE RECREATION DEPARTMENT

COACHES APPLICATION FORM

COACH NAME (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE INIT.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

(Mandatory for League Updates and Important Information)

HAS THE APPLICANT COACHED IN THIS PROGRAM BEFORE?

YES: _____ NO: _____

IN WHAT PROGRAM DO YOU INTEND TO COACH? _____

HOW MANY TEAMS ARE YOU INTERESTED IN COACHING? _____

DO YOU HAVE CHILDREN IN THE PROGRAM? _____

(If so, please list all children)

PLEASE INDICATE THE GRADE or GRADES YOU ARE INTERESTED IN COACHING FOR THE SEASON:

BOYS: _____ GIRLS: _____

COACH'S COMMENTS: (Use back for additional space)

Signature: _____ Date: _____