COVENTRY YOUTH FOOTBALL & CHEERLEADING

COACHING APPLICATION

First Name	M.I.	Last Name		
Street Address		**City**	**State**	**Zip Code**
Email Address		**Home Phone #**	**Cell Phone #**	

Please place a check in the box(es) below next to the position(s) that you are interested in.

- ☐ **Head Coach Football**
- ☐ **Assistant Coach Football**
- ☐ **Head Coach Cheerleading**
- ☐ **Assistant Coach Cheerleading**

Please place a check in the box(es) below next to the age group(s) that you are interested in coaching.

- ☐ **A TEAM (12-13 year olds)**
- ☐ **B TEAM (10-11 year olds)**
- ☐ **C TEAM (8-9 year olds)**
- ☐ **D TEAM (6-7 year olds)**

Please use section below to list coaching qualifications/experience, and why you are interested in coaching Football or Cheerleading:

(If more space is needed please use the back of form or attach separate paper)

CYFCA IS REQUIRED TO PERFORM NATIONWIDE BACKGROUND CHECKS ON ALL COACHES

Please return application to: CYFCA, P.O. Box 341, Coventry, CT 06238

or for more information you can contact Todd Cancelliere at 860-922-8712

ALL APPLICATIONS MUST BE RECEIVED BY JANUARY 22, 2012