

2017 LYNN VALLEY LITTLE LEAGUE

ALL STAR & SELECTS TEAM COACHING



APPLICATION FORM

Once completed Email to: safety@lvll.ca

Name:	Email address:
Address:	Home Phone:
(include suite or apt. no. & postal code)	Work Phone (optional): Cell Phone (optional):
NCCP Coaching Levels Achieved:	
	ned Years of Coaching in LVLL
Position Applying for (please circle): Manager (Head Coach) Coach Who will coach with you? Coach Coach	
Team Applying for: (please circle)	
8 Selects 9 Selects 9/10 All-Star 11 Selects	11/12 All-Star Juniors Seniors
BRIEF DESCRIPTION OF (
Applicants' signature: Golf shirt (please circle): SMLXLXXL XXXL	_ Date: Position Approved Y N Date: