

2010 FOOTBALL COACH APPLICATION



Age Group

K thru 1st _____
2nd _____
3rd _____
4th _____
5th _____
6th _____

NAME _____

STREET ADDRESS _____ CITY _____ ZIP _____

CELL PHONE _____ EMAIL _____ HOME PHONE _____

SOCIAL SECURITY NUMBER _____

I AM INTERESTED IN BECOMING A: HEAD COACH _____ ASSISTANT HEAD COACH _____

WHAT EXPERIENCE DO YOU HAVE IN PLAYING FOOTBALL? _____

COACHING EXPERIENCE? _____

In accepting this position, I agree to participate in all Milford Football Club activities; practices, games, fund raisers, coaches' clinics, certification classes and board meetings. Background checks will be done on all football coaches. All head coaches will be certified through NYSCA.

Signature: _____ Date: _____

MFC Use Only:

Date Interviewed: _____ Position: _____

Accepted _____ Declined _____ Age Group _____

Complete this application and mail to:
Milford Football Club • P.O. Box 523 • Milford, OH 45150-0523