

Edgewater Football Coaches Application

Name: _____ Date of Birth: _____
Address: _____

Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Team coached last year: _____
Check applicable box: Head Coach
 Assistant Head Coach
 Position Coach

What weight class are you applying for? First Choice: _____
Second Choice: _____
Third Choice: _____

What position are you applying for this year? Head Coach
 Assistant Head Coach
 Position Coach
 No preference

Prior coaching experience:

Organization: _____ Year: _____
Weight Class: _____ Final Record: _____

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Weight Class: _____ Final Record: _____

Name any coaches you would prefer to work with: