

Surrey Lacrosse Association 2021 Field Lacrosse Coaching Application

Name	Phone		
Address	Cell		
City	Email		
Postal			
Indicate highest level of certification:			
Coaching Level - Certification			
NCCP #			
Indicate which team(s) you are applying to coach for *also indicate if you have a child playing in this level	the 2021 Field Lacrosse	e season	
Head Coach		Child Playing	Yes
Assistant Coach		Child Playing	Yes
Would you be willing to take on a Co-Coach or Asst if another candidate is chosen (Yes/No)	Coach role		
Lacrosse Coaching History - please indicate the mos	st recent levels you have	coached:	
1			
2			
3			
4			

Please provide a brief would like to coach:	summary of your coaching philosophy as it pertains to the age group you
Please provide details lacrosse:	on any other experience that you feel is applicable to coaching minor
with Surrey LacrossI am willing to unde	e submission of this application does not guarantee me a coaching position
Signature	
Date	
Send completed form t	o: 1st Vice President - Field (<u>VP1Warriors@surreylacrosse.com</u>)