

CHRIST THE KING ATHLETIC COMMISSION BASKETBALL AND VOLLEYBALL COACH SIGN-UP FORM

Name: _____

Address: _____

Phone: _____(home) _____(work)

E-mail: _____

• I am interested in coaching: BOYS GIRLS Grade Level: _____

• Please specify Sport you are volunteering to coach: _____

• Do you currently have children attending Cardinal Pacelli School?
Please circle: YES NO

• Enter grades your child/children are currently in:

• Have you coached any teams at Cardinal Pacelli? _____
Other: _____

• Assistant Coach: _____

• Please list coaching experience:

	<u>Sport Coached</u>	<u>Grade Level</u>	<u>Years of coaching</u>	<u>Place of Coaching</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Practice day preference (please specify 1st and 2nd choice)

Monday____ Tuesday____ Wednesday____ Thursday____ Friday____

Practice time preference (1st and 2nd choice):

3-5pm____

5-7pm____

7-9pm____

Please return form to:
Cardinal Pacelli School
c/o Christ the King Athletic Commission President
927 Ellison Avenue
Cincinnati, Ohio 45226