

Team # 1 Information:

Coaching Preference: ___ Head Coach ___ Assistant Coach
Child's Name: _____ Child's Date of Birth: _____
Child's School: _____ Child's Subdivision: _____
Girls Age Groups: ___ Rookie ___ Freshman/Sophomore ___ Junior/Senior ___ Collegiate
Boys Age Groups: ___ Rookie ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Collegiate
Preferred Division: ___ National (Drafted) ___ American (Drafted) ___ Non-Drafted

Team # 2 Information:

Coaching Preference: ___ Head Coach ___ Assistant Coach
Child's Name: _____ Child's Date of Birth: _____
Child's School: _____ Child's Subdivision: _____
Girls Age Groups: ___ Rookie ___ Freshman/Sophomore ___ Junior/Senior ___ Collegiate
Boys Age Groups: ___ Rookie ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Collegiate
Preferred Division: ___ National (Drafted) ___ American (Drafted) ___ Non-Drafted

If 2 teams specified, what is your preference (please circle one):

Coach Both Teams / Coach Team # 1 / Coach Team # 2 / Coach 1 team - No Preference

Practice Information:

- **Practice Exceptions:** Limitations on gym space no longer allow us to consider your practice preferences (with the exception of 4:30 practices - see below). However, we do want to accommodate your needs as best we can. Therefore, please **circle** the day and/or time you are **absolutely unavailable for practice** (if any.) The number of such **exceptions** is **limited** to a total of **three**. Schools cannot be exceptions.

Mon / Tues / Wed / Thur / Fri / 5:00 / 5:30 / 6:00 / 6:30 / 7:00 / 7:30 / 8:00

Example: Tues, Wed, 5:30 represent three exceptions and indicates you cannot practice any time Tuesday or Wednesday or any day at 5:30.

- **4:30 Practices:** We earnestly need coaches who are able to practice at 4:30. If you are able to help us by taking a 4:30 practice, we will allow you to indicate your preferences for schools and days and we will do our best to fill them.

Use this section ONLY if you can practice at 4:30!!

Preferences: School* _____ Days* _____
(*only applicable for 4:30 practices)

- **Two Team Coaches:** If you are requesting to coach two teams, do you request back-to-back practices?: Yes / No

Preferences - There are NO GUARANTEES, but we would like to know if you have any:

School _____ Days _____ Time _____