

Waikato Touch Association Application Form

Coaches / Managers

Junior Representative Season 2008 -2009

Name:..... Date:.....

Address: Phone: Home:.....

..... Work:

..... Mobile:

Email: Email:

Position: Coach:

Manager:

Please tick the appropriate box

Coaches if you have someone in mind that you would like as your team manager please indicate name and contact details. Name:
Phone:
Email:

Note: An application form must be completed by all applicants including those named above.

All applications must be received by: 31 August 2008		
Please post details to: Waikato Touch Association PO Box 15377 Dinsdale Hamilton	Fax to: Waikato Touch Association Fax number: 847 4120	Email to: waikatotouch@xtra.co.nz

Please indicate the team that you are applying to coach or manage.

Under 9 Mixed Under 11 Mixed
Under 13 Boys 13 Boys Girls 13 Girls Under 15 Boys 15 Boys Girls 15 Girls
Under 17 Boys 17 Boys Girls 17 Girls

Date Received:

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Junior Representative Season 2008 -2009

If you are applying for a coaching position, please list the qualifications you have and date they were obtained.

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Please list what experience you have in the role you are applying for, please list the past teams you have coached or managed:

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As a coach what goals do you want to achieve in the 2008 ó 2009 representative season:

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Signed: Date:

Date Received: