

VIRGINIA LADY EAGLES MANAGERS APPLICATION



Please Print All Information Clearly

Coach's Name: _____ Age:(optional) _____
Address: _____ E-mail Address: _____
City/State: _____ Cell Phone: _____
Zip Code: _____ Work Phone: _____
Home Phone: _____ Home Phone: _____

Do You Have Children Playing?

Child's Name	Child's Team	Date of Birth
_____	_____	_____
_____	_____	_____

Check Program Preference & Level

12U 14U 16U 18U

Coaching Certification (please attach a copy of your card to this application.):

Level: _____ Date Obtained: _____

Coaching Experience:

Organization	Team	Position	From Date to Date
_____	_____	_____	_____

Organization	Team	Position	From Date to Date
_____	_____	_____	_____

Playing Experience:

Organization	Team	Position	From Date to Date
_____	_____	_____	_____

Organization	Team	Position	From Date to Date
_____	_____	_____	_____

Coaching References:

Name	Phone
_____	_____

Name	Phone
_____	_____

Authorization:

Will you allow a background check by Virginia Lady Eagles Yes No

Signature _____ Date _____

Please email to:
jkresinske@valadyeagles.org

If you feel there is additional information which is relevant, please attach the information to this application.