SHARON BASKETBALL ASSOCIATION
COACHES APPLICATION

_____ _____

First Name Last Name

_____

Address

(___)_____ (___)_____ (___)_____

Home Phone Work Phone Mobile Phone

_____ _____

Primary e-mail Alternate e-mail:

_____ _____ _____

Child's Name Sex (M/F) Grade (as of this Fall)

Applying for (check one): Head Coach _____ Assistant Coach _____

Playing and Coaching Experience:

_____

_____

_____

_____

Other applicable skills, considerations, or comments:

_____

_____

_____

_____

Please return the completed form to: SBA; c/o Jim Bender, 22 Juniper Road, Sharon, MA. 02067 or drop it off at the registration table at try-outs. If you have any questions, please send an email to jbender@sovereignbank.com

There is a limited number of coaching positions that may open up each year. The SBA Board, in its sole discretion, will review and select the coaching applicants.