



Church Athletic League of Kingston
 Kingston Memorial Centre
 303, York Street
 Kingston, ON, K7L 5P5
 Tel: (613) 542-1362
 Email: admin@calkingston.com
 Website: www.calkingston.com



Roster Select Coaching Application

APPLICANT INFORMATION

Name: _____

Phone: _____

Address: _____

Cell: _____

Email: _____

APPLICATION

Position Applied For: Head Coach

Division applied for: _____

Assistant Coach

Is your child trying out for the team? _____

COACHING EXPERIENCE

Season	Team/League	Position

REFERENCES

Name	Phone	Email

On separate sheets, please introduce yourself as a coach. Explain your views on player development, your plan for the team and your coaching philosophy.

Signature: _____

Date: _____

Return to the CAL Office or to admin@calkingston.com on or before **Monday May 6th, 2019.**