



CEDARBURG BASKETBALL CLUB COACHING APPLICATION

DATE _____

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

OCCUPATION _____

DO YOU HAVE CHILDREN PARTICIPATING IN THE CBC? YES NO

IF YES, PLEASE LIST NAME, AGE, AND SEX BELOW:

CIRCLE THE POSITION THAT YOU ARE APPLYING FOR:

HEAD COACH or ASST. COACH

CIRCLE THE GRADE LEVEL THAT YOU ARE APPLYING FOR: 5 6 7 8

EDUCATION _____

PREVIOUS BASKETBALL PLAYING EXPERIENCE

PREVIOUS BASKETBALL COACHING EXPERIENCE

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN

REFERENCES (LIST 3)

NAME

PHONE

1. _____
2. _____
3. _____