

# CHILLIWACK MINOR LACROSSE ASSOCIATION



## Coaching Application

*(to be completed by all prospective Minor Division coaches)*

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Cell** \_\_\_\_\_  
**City** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Postal Code** \_\_\_\_\_

Indicate highest level of certification (check boxes)

Coaching Level - Certification	None	In Training	Trained	Certified
Community Initiation				
Community Development/Level 1 Technical				
Competitive Introduction/Level 2 Technical				
Competitive Development/Level 3 Technical				
<b>NCCP #</b>				

Indicate which team(s) you are applying for 2017 Season (check boxes)

Head Coach  Assistant Coach

Mini-Tyke

Tyke

	"A" Advanced	"B" Intermediate	"C" House
<b>Novice</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pee Wee</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bantam</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Midget</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Coaching History** – please indicate what ages and levels you have coached for the following:

Year	Club	Level
2016		
2015		
2014		
2013		
2012		
2011		

**Please provide a brief summary of your coaching theory:**

**I understand that submission of this application does not guarantee me a coaching position with Chilliwack Minor Lacrosse in 2017.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Send completed form to:**

Nick Kojima, Head Coach  
Email: [nick.kojima@gmail.com](mailto:nick.kojima@gmail.com)

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To be completed by Chilliwack Minor Lacrosse Executive

**Police Check Complete**  
(if required)

\_\_\_\_\_  
(Club Executive)

**Date** \_\_\_\_\_