

**PUYALLUP PARKS & RECREATION  
808 VALLEY AVE NW  
PUYALLUP, WA 98371**

**COACH'S APPLICATION FOR YOUTH BASKETBALL**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**PLEASE INDICATE YOUR LEAGUE PREFERENCE (Circle):**

**KIND 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> 4<sup>TH</sup> 5<sup>TH</sup>/6<sup>TH</sup> 7<sup>TH</sup>/8<sup>TH</sup> 9<sup>TH</sup>-12<sup>TH</sup> (BOY'S)**

**1<sup>ST</sup>/2<sup>ND</sup> 3<sup>RD</sup> 4<sup>TH</sup> 5<sup>TH</sup>/6<sup>TH</sup> 7<sup>TH</sup>/8<sup>TH</sup> (GIRL'S)**

**Do you have a son/daughter playing in the age group you wish to coach: \_\_\_ YES \_\_\_ NO**

**If so, child's name** \_\_\_\_\_

**Do you have an assistant coach? \_\_\_ YES \_\_\_ NO**

**If yes, state assistant coaches name** \_\_\_\_\_

**Why do you want to volunteer to coach?**

**List three things that you would like your team to accomplish this season?**

- 1.
- 2.
- 3.

**Do you have any experience coaching basketball or any other sport?**

**List two personal references (excluding family members):**

Name \_\_\_\_\_ Relation to applicant \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Relation to applicant \_\_\_\_\_

Email \_\_\_\_\_

**Please complete this application and return not later than November 7<sup>th</sup>.**

## PREFERRED PRACTICE TIMES

TEAM NAME \_\_\_\_\_ LEAGUE \_\_\_\_\_

COACHES NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Please indicate the day and time of the week which are best for you to practice. Prioritize days and times in order of preference.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Practice times will be available Monday through Friday in the following time brackets:  
(approximate time brackets)

5:30-6:30 p.m. (Rec Center/Memorial Center)

6:00-7:00 p.m. (PSD gyms)

6:30-7:30 p.m. (Rec Center/Memorial Center)

7:00-8:00 p.m. (PSD gyms)

7:30-8:30 p.m. (Rec Center/Memorial Center)

8:00-9:00 p.m. (PSD gyms)

8:30-9:30 p.m. (Rec Center/Memorial Center)

Saturday practices will be available in the following time brackets:

9:00-10:00 a.m.

10:00-11:00 a.m.

11:00-12:00 p.m.

12:00-1:00 p.m.

1:00-2:00 p.m.

2:00-3:00 p.m.

3:00-4:00 p.m.

4:00-5:00 p.m.

Please list any times which you will definitely be unable to practice:

\_\_\_\_\_

This form must be returned to the Puyallup Recreation Center no later than November 7<sup>th</sup> to be considered. We do not guarantee that you will receive your requested practice times but we will work hard to distribute the practice time equitably.