

St. Albert the Great Athletics Coaching Application

Name: _____ Date: _____

Sport: _____ Grade: _____
(i.e. 4th boys, open)

Home Phone Number: _____ Work Phone Number: _____

Have you attended the CYO Certification Class (Y/N)? ____ If yes, what year? ____
(if known)

Are you a member of St. Albert's Parish (Y/N)? ____

Please list prior coaching experience. Include Intramurals, North Royalton, etc...
Also include if you played in high school or college.

HEAD COACH /ASSIST.	SPORT	YEAR(S)	GRADES	CYO PROGRAM (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Why would you like to coach at St. Albert's? (please use the backside of this form or attach add'l pages if necessary)

Please return by to:

Scott Moran at sfmoran14@yahoo.com or drop off at the rectory