



# COACH APPLICATION FORM 2010

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yy

**\*\*\* (must appear on this form for your candidacy to be considered) \*\*\***

Coaching Experience: At SLC BBCAMP: \_\_\_\_\_

Other: \_\_\_\_\_

I am available to work in the following weeks:

MEGA CAMPS

Week 1: June 28-July 2  Week 2: July 5 - 9  Week 7: August 2-6

SPECIALIZED CAMPS

Week 3: July 12-16  Week 6: July 26-30

I am most interested to work with the following age groups (please rank from 1-5 by preference):

|             |                          |         |                          |          |                          |            |                          |
|-------------|--------------------------|---------|--------------------------|----------|--------------------------|------------|--------------------------|
| 8-9 Mixed   | <input type="checkbox"/> | 10 Boys | <input type="checkbox"/> | 10 Girls | <input type="checkbox"/> | 11 Boys    | <input type="checkbox"/> |
| 11 Girls    | <input type="checkbox"/> | 12 Boys | <input type="checkbox"/> | 12 Girls | <input type="checkbox"/> | 13-15 Boys | <input type="checkbox"/> |
| 13-15 Girls | <input type="checkbox"/> |         |                          |          |                          |            |                          |

\*Please note that we cannot guarantee that you will be assigned to your desired group and weeks. We therefore reserve the right of assigning you to certain group and if you do not agree with your assignments you will forfeit your hiring.

In 2010-11, I will be:  Student @ SLC  Basketball Player @ SLC (Team: \_\_\_\_\_)  
 Basketball Coach (School \_\_\_\_\_, Level \_\_\_\_\_)  
 in University

I understand that the **use of English** is part of my duties as camp monitor, and that I am expected to speak English throughout the camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that by signing this document you also authorize Champlain St. Lawrence to take pictures of you, and to use them for promotional and informational purposes.

**Please mail back to:** Chris Brosseau, 790 Neree-Tremblay, Ste-Foy, Qc., G1V 4K2