

## VII. D.A.D. Athletic League Coaching Application

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To be completed by individuals who wish to Coach  
in either the New York and Connecticut Leagues

1. Name: \_\_\_\_\_

2. Church: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Mobile Phone Number: \_\_\_\_\_

6. E-Mail Address: \_\_\_\_\_

7. Team that you are applying to coach: \_\_\_\_\_

8. Previous coaching experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. I acknowledge that I have reviewed, understand and will abide by the D.A.D. Athletic Rules and Guidelines Manual concerning the Sport that I coach. \_\_\_\_\_

*Signature of Applicant*

\_\_\_\_\_  
Proistameno's Signature

\_\_\_\_\_  
Date

----- *Administrative Approval* -----

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This completed form needs to be presented to the Proistameno*