



Spokane Girls' Fastpitch

www.spokanegirlsfastpitch.com

Softball Association

Post Office Box 10326 ♦ Spokane, WA 99209-1326

Coach Registration Form

20__ Season

Please Print

(Distribution: White - SGFSA, Yellow - Team Manager, Pink - Coach)

OFFICE USE ONLY

Date Accepted by Board: _____

Coach ID No: _____

Team: _____

League: _____

(Form Revised 3/10/05)

General Information

Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Team Name: _____

- Head Coach (must be at least 18 years of age)
- Assistant Coach

Softball Background

Years of Softball Coaching Experience: _____ Describe: _____

Coaching Certifications Held: ASA VIP Program, Level _____

NYSCA, Level _____

Other, Describe: _____

First Aid Card: Yes (Expire Date: _____) CPR Card: Yes (Expire Date: _____)

No

No

Other Coaching Qualifications (Describe): _____

I hereby apply to coach in the SPOKANE GIRLS' FASTPITCH SOFTBALL ASSOCIATION for the designated season. I also hereby agree that, if accepted as a coach in the SPOKANE GIRLS' FASTPITCH SOFTBALL ASSOCIATION, I will be bound by all rules, procedures, and the code of conduct established by the board of directors to govern the activities of the Association.

FORMAL APPLICATION FOR COACH REGISTRATION IN THE ASSOCIATION

Signature of Coach: _____ Date: _____