**SOUTHLAND AGE GROUP**

**COACH APPLICATION FORM 2014**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM** | **Under** ❑ **11** ❑ **13** ❑ **15** ❑**17** ❑ **19** ❑ **Girls** ❑ **Boys** | | | | | | |
| **NAME** |  | | | **D.O.B.** | | / / | |
| **ADDRESS** |  | | | | | | |
|  | | | | | | |
| **PHONE** | Home |  | Work |  | Mobile | |  |
| **EMAIL** |  | | | | | | |

**Relevant Qualifications**

**Experience**

**Brief outline on why you are suited for the position**

# *Please provide 2 referees that are able to support your application*

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **PHONE** |  |
| **NAME** |  | **PHONE** |  |

****

**RETURN COMPLETED APPLICATION FORM TO**

SBA, PO Box 224, Invercargill 9840 ⬝ diane@basketballsouthland.co.nz