**South Pointe Swim Team**

**2019 Coach** **Application**

Please return this completed application by February 15, 2019 to treasurer@southpointeswimteam.com.

# Coach Information

|  |  |
| --- | --- |
| Name  |   |
| Street Address  |   |
| City, State, Zip  |   |
| Home Phone  |   |
| Cell Phone  |   |
| Email address  |   |

# Swimming Experience

*Please list any summer, competitive, or school experience*

|  |  |
| --- | --- |
| Swim Team  | Years on Team  |
|   |   |
|   |   |
|   |   |



# Coaching Experience

|  |  |  |
| --- | --- | --- |
| Swim Team  | Position  | Years in Position  |
|   |   |   |
|   |   |   |

**Availability (please attach additional pages if necessary)**

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| --- |
| Availability During Practice - Mon-Fri 7:45am – 11:15am: |
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| Requested Days Off: |
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