**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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