South Dakota Swimming Inc. Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## All-Star/Zone Coach Application

1. Application must be turned in to General Chair 30 days prior to the Fall LSC Meeting for All-Stars and 30 days prior to the Spring LSC Meeting for Zones.
2. The General Chair, with the advice of the Age Group Chair and the Senior Athlete Representative, shall appoint the All-Star/Zone Coaches
3. Coaches will be notified of selection at the above mentioned LSC Meetings.
4. For Coach selection, consideration will be given for:
   1. Experience
   2. Number of Athletes Qualified
   3. Intent/Reason for Applying
5. Four coaches will be selected for Zones and three coaches for All-Stars.

Name of Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your experiences in the coaching profession as well as working with athletes at this level of swimming:

Swimmer’s qualified for previous year’s All-Star Team: \_\_\_\_\_\_\_\_\_\_

Swimmer’s qualified for previous year’s Zone Team: \_\_\_\_\_\_\_\_\_\_

Why would you like to be part of the South Dakota Swimming Coaching Staff?