



SELECT TEAM HEAD COACH APPLICATION

Season: Spring: _____ Fall: _____ Year: _____ Division/Age Group: _____

Name: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Home Phone: _____ Cell: _____

Email Address: _____

Please indicate any certifications you have attained: _____

Have you coached a Select team before? ___YES ___NO If Yes, which league, division, and how many seasons? _____

Can you commit 100% to the Sunday or one (1) day per week schedule of practices and games?

___YES ___NO

PLEASE READ:

1. All regular season rules apply, including, but not limited to, Coaches Code of Conduct, unsportsmanlike conduct (coach, parent, or player), and written violations.
2. If a coach is given additional equipment, they will be required to place a **\$250.00** check deposit with the league. (This check is held and not deposited. If all the equipment is returned in good working condition, the deposit check will be returned.)
3. You are required to obtain a **sponsorship of \$250.00** for your team or collect the money from your team by deadline date provided by MVGSA. If not obtained, suspension will be enforced.

This application must be given to the Divisional VP no later than **5pm on January 5, 2025.**

Applicant's Signature _____ Date _____

Signature of MVGSA Board Member: _____

Date of Approval: _____