

Chatham Girls Minor Softball Association – Bylaws

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**2014 TRAVEL/HOUSE LEAGUE SELECT COACH APPLICATION**

All portions of this application must be completed

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

NCCP Certification Number: \_\_\_\_\_

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Team Requesting to Coach: \_\_\_\_\_

At what level, PWSA Tier or House League Select? \_\_\_\_\_

Are you currently NCCP Certified in Softball? \_\_\_\_\_

Are you aware that if your are not NCCP Certified and certification is required, that you are responsible for obtaining this certification, and at your cost? \_\_\_\_\_

Do you have a child playing on this team? YES NO

If YES, what is the child's name? \_\_\_\_\_

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Do you have assistant coaches? YES NO

IF YES, what are their names?

Assistant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

NCCP Certification Number: \_\_\_\_\_

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Assistant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

NCCP Certification Number: \_\_\_\_\_

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Goals and Objectives for Upcoming Season (ie. # of games, leagues, tournaments)

In the space below, state how you plan on evaluating and rating players that wish to tryout?

Why do you want to coach this team?

**All coaching applications must be submitted to:**

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Travel Program Director  
[Insert address here]

Or by email: [insert e-mail here]

If more than one application for a Head Coaching Position is submitted the Board of Directors may request an interview of the applicants.

The CGMSA will inform the successful candidates.

If no assistant coach's are indicated, before the commencement of the 2014 Season, separate applications for each assistant coach must be submitted.

In accepting a coaching position successful candidates agree to abide by the By-Laws of the Chatham Girls Minor Softball Association.

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Head Coach

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Assistant Coaches

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CGMSA USE ONLY

**NCCP Certification transcript:**            **YES**            **NO**

**Police Clearance Check on file:**        **YES**            **NO**

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