

**BECKER YOUTH BASKETBALL ASSOCIATION**

Sandy Engdahl 320-333-8784 Laura Kangas 320-743-5110  
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**Becker Youth Basketball Coaching Application**

Please print

Name\_\_\_\_\_

Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Work phone\_\_\_\_\_

Cell Phone\_\_\_\_\_ Email Address\_\_\_\_\_

Names and Ages of Children

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your past experience coaching basketball

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Briefly describe your basketball background

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your past experiences with community involvement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*All coaches will undergo a background check to help ensure the safety of our children.*