

# Coaches Information Sheet



Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

Birth Date: \_\_\_\_\_

Can you receive texts? Yes No

Best time to contact you during the day? \_\_\_\_\_ Cell or Home

Home Church: \_\_\_\_\_

Is this the first year you have coached at First Friends? Yes No

Name of Coaching Parents (if you have recruited someone)

Name: \_\_\_\_\_ Have they coached before? Yes No

Name: \_\_\_\_\_ Have they coached before? Yes No

What league/division do you plan to coach? TBall Coach Pitch Minors

Shirt Size (Adult) S M L XL 2XL 3XL

Please put an (X) through any day and time you CAN NOT practice.

Monday	Tuesday	Wednesday	Thursday	Friday
5:30	5:30	5:30	5:30	5:30
Monday	Tuesday	Wednesday	Thursday	Friday
7:00	7:00	7:00	7:00	7:00