



IRONDALE BASKETBALL ASSOCIATION

Traveling Coach Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Team desired: Grade _____ Gender _____ Level (A/B) _____

Note: All head coaches will be submitted to a criminal background check and will be required to sign the IBA coaches code of conduct.

Basketball Playing Experience:

| School/League | Years | Location | Team/Personal Awards |
|---------------|-------|----------|----------------------|
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Coaching Experience:

| Year (s) | Sport | Boys/Girls | Where | Level |
|----------|-------|------------|-------|-------|
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Please return this completed form to: IBA, PO Box 120238, New Brighton, MN 55112



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Questions:

- 1. Why are you applying for this position?**

- 2. What are your strengths and weaknesses?**

- 3. Describe your philosophy of coaching youth basketball?**

- 4. What other information would you like to provide?**