

## WTCP TEAM MANAGER APPLICATION

**When applying, please consider the amount of time required to coach a squad, which includes games on weekends.**

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

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

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

Your athlete's grade in the upcoming season: \_\_\_\_\_

Have you ever been a Team Manager? \_\_\_\_\_ If so, number of years? \_\_\_\_\_

What squad(s) and year? \_\_\_\_\_

Do you agree to commit to 2-3 practices and 1 game per week: YES NO

Tell us what you like about WTCP:

Why do you want to be a Manager?

Tell us about any cheer or pom experience you have.

If you were a Manager in the past, what was the most difficult problem you faced, and how did you deal with it?

Tell us what changes you would like to see in the WTCP Program:

List your other areas of parent involvement or community work:

Mail completed application to: WTCP PO Box 7556, Gurnee, IL 60031

***Face to face interviews with the Board may be requested.***