



Collins Hill Athletic Association Youth Cheerleading Coaching Application

Applicant Information			
Applicant Name:			Date:
	<i>Last</i>	<i>First</i>	
Position Applied for:	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Asst Coach	Age group:
Do you have a child in the cheerleading program:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Phone: ()
Address:			
	<i>Street Address</i>		<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Have you coached with another association?	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, where?
Please provide us with a brief history of your coaching experience.			

Please submit your application to:

By submitting an application, it does not guarantee you a coaching or assistant coaching position. You may or may not be contacted by the football director for an interview.