



Tonawanda Football Clinic

296 E. Niagara St.
Tonawanda, NY 14150

Head Coach & Assistant Coach Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address, City, State, Zip Apartment/Unit #

Phone: _____ Email: _____

Over Age of 18? YES ☐ NO ☐

Position Applied for: Head Coach ☐ Assistant Coach ☐

Will you submit to a background and attend mandatory meetings in accordance with NEYSA Guidelines?

YES ☐ NO ☐

Desired Team Level to Coach:

- ☐ Mohawks (6-7-Year-Old)
☐ Renegades (8-9-Year-Old)
☐ Braves (10-11-Year-Old)
☐ Warriors (12-13-Year-Old)

Do you have children playing?

Child Name:
Team Level:
D.O.B:

Child Name:
Team Level:
D.O.B:

Coaching Certification?

YES ☐ NO ☐ Please submit a copy of your certification with this form

Are you a current member of TFC

YES ☐ NO ☐ If yes, how long?

Coaching Experience

Organization: _____ Dates: _____

Team: _____ Reference: _____

Position: _____ Reference Phone Number: _____

Organization: _____ Dates: _____

Team: _____ Reference: _____

Position: _____ Reference Phone Number: _____

Signature

Signature: _____ Date: _____

