

DA' SHIFT

OUTREACH FOR YOUTH

2011 Coach Registration Form

First Name: _____ Last Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Contact Email:

Gender: Male Female Junior League (7-12): Senior League (13-22)

Church/Organization Name: _____

Head Coach: Assistant Coach:

Leadership Reference (Pastor, Youth Pastor, Director or Officer of the organization)

Name: _____

Church/Organizations Name: _____

Phone Number: _____

Position: _____

Referral's Signature: _____ Date: _____

Coaches are required to submit a copy of their Criminal Record Check with their registration form.

Participants Signature: _____ Date: _____