



Hoop Dreams Basketball Club Coaches Application

FIRST NAME LAST NAME DATE OF BIRTH

ADDRESS CITY ZIP CODE

HOME PHONE WORK OR CELL PHONE E-MAIL ADDRESS

PLEASE CIRCLE THE GENDER & GRADE LEVEL YOU ARE INTERESTED IN COACHING:

BOYS or GIRLS

1st 2nd 3rd 4th 5th 6th 7th 8th 9th Sophomore Junior Varsity Varsity

WILL YOU HAVE A SON, DAUGHTER, OR RELATIVE ON THIS TEAM? _____

PREVIOUS
EXPERIENCE _____

REFERENCES _____ CONTACT NUMBER _____
REFERENCES _____ CONTACT NUMBER _____

COACHING
PHILOSOPHY _____

I recognize that I am volunteering for this position and am doing so at the will of the Hoop Dreams Basketball Club. I acknowledge that Hoop Dreams Basketball Club will submit a background check with the State. I can be asked to resign at any time, based on, but not limited to, parent evaluations and the Hoop Dreams Basketball Club Board.

SIGNATURE DATE

Mail to: Hoop Dreams Basketball Club
PO Box 190801
Boise, ID 83719

Hoopdreamsbasketball.com