



FRANKLIN COWBOYS

Youth Football & Cheerleading

Franklin, Tennessee

2011 Football Coaches Application

COACHING POSITION APPLYING FOR: <input type="radio"/> Head Coach <input type="radio"/> Assistant Coach		
NAME		DATE OF BIRTH
ADDRESS	CITY	ZIP CODE
HOME PHONE	CELL PHONE	
PRIMARY EMAIL	ALTERNATE EMAIL	
LIST CHILDREN IN THE PROGRAM		
Name _____	Age _____	<input type="checkbox"/> Football <input type="checkbox"/> Cheerleader
Name _____	Age _____	<input type="checkbox"/> Football <input type="checkbox"/> Cheerleader
Name _____	Age _____	<input type="checkbox"/> Football <input type="checkbox"/> Cheerleader
Name _____	Age _____	<input type="checkbox"/> Football <input type="checkbox"/> Cheerleader
AGE LEVEL APPLYING FOR (MARK YOUR PREFERENCE--1ST AND 2ND CHOICE):		
<input type="checkbox"/> Varsity (13-14 years)	<input type="checkbox"/> A Division (11-12 years)	<input type="checkbox"/> B Division (9-10 years)
<input type="checkbox"/> C Division (7-8 years)	<input type="checkbox"/> PeeWee Division (5-6 years)	
COACHING EXPERIENCE		
<input type="checkbox"/> Total Years Coaching	<input type="checkbox"/> Total Years Coaching for the Franklin Cowboys	
AGE LEVEL OF EXPERIENCE (MARK ALL THAT APPLY):		
<input type="radio"/> Youth League <input type="radio"/> Middle/Jr. High School <input type="radio"/> High School <input type="radio"/> College <input type="radio"/> Other (explain below)		
SUMMARIZE YOUR PREVIOUS COACHING EXPERIENCE (FRANKLIN COWBOYS OR OTHER). LIST PROGRAMS/DATES.		
NYSCA CERTIFICATION		
<input type="radio"/> Not Certified		
<input type="radio"/> Certified in Football/Cheerleading	MBR # _____	Expiration Date _____

By typing my name below and affixing a digital signature, I understand that the Franklin Cowboys may do a background verification and by signing below, I submit to that investigation. I understand that the organization can deny my application, with or without cause.

Applicant's Signature (type your full name)

Date