

Cowan Heights Youth Basketball League

2017-18

Coach-Convener Form

Coach/Convener Information (Mandatory Information)

Name		Age	Gender
Address		DOB	
City	Postal Code	Phone	
MCP #		MCP Expiry	
eMail:			
Childs Group you wish to assist with:			
Childs name:			

I am interested in co-coaching my child's team.

Please note any previous coaching experience here.

I am interested in becoming a Divisional Convener.

Please note any prior relevant experience here.

The information requested is required for insurance purposes and must be provided by all coaches and conveners. CHYBL appreciates the volunteer time coaches and conveners spend to make this league a fun and affordable place for our children to play basketball.

Please note any additional information here.

Date: _____