

# Ballston Spa Pop Warner Cheerleading Coaching Application

I am interested for the following position ( please circle ):

Head Coach

Assistant Coach

Cub                      Mitey Mite                      Jr. Pee Wee                      Pee Wee                      Jr. Midget                      Midget

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Coaching References:**

Name	Address	Phone	Relationship

**Coaching Experience(s):**

Organization	Year(s)	Age Level

**Cheerleading Experience(s):**

Organization	Year(s)	Age Level

**Other Youth Group or Related Experience(s):**

Organization	Year(s)	Age Level

**Children Participating in BSPW:**

Organization	Year(s)	Age Level

Do you have any medical condition that may affect your ability to coach? (If yes, please describe):

\_\_\_\_\_

\_\_\_\_\_

Why do you want to coach for Ballston Spa Pop Warner?

What is your main objective as a cheerleading coach?

Please list any training or special skills you have that may relate to coaching:

Please list three goals that you as a coach would like to accomplish during the season:

- 1
- 2
- 3

Thank you for your interest in coaching for Ballston Spa Pop Warner Football  
Please mail completed applications to:

**BSPW**  
**PO Box 268**  
**Ballston Spa, NY 12020**

Deadline for submitting the Coaching Application is February 28, 2012.  
You will be contacted by the cheer coordinator for an interview during the month of March.  
You must attend the board meeting in April for head coaching elections.  
Assistant Coaches will be voted on at the board meeting to be determined.

*\*Please note: These dates are subject to change should the need arise for more time.*