

CITY OF GOOSE CREEK RECREATION DEPARTMENT

PO DRAWER 1768

GOOSE CREEK, SC 29445

Coaching Intent Form

Sport you plan on coaching: \_\_\_\_\_

Your Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Your Email: \_\_\_\_\_

\*\*\***Please circle** the best way to contact you during the day and provide the information if necessary:

Work

Cell

Email

\_\_\_\_\_ I plan on being a Head Coach:

Age Group/League: \_\_\_\_\_

Team: \_\_\_\_\_

Child's Name/Names if applicable: \_\_\_\_\_

\_\_\_\_\_ I plan on being an Assistant Coach:

Head Coach's Name: \_\_\_\_\_

Age Group/League: \_\_\_\_\_

Team: \_\_\_\_\_

Child's Name/Names if applicable: \_\_\_\_\_

\*\*\***Please note:** Team requests are not guaranteed, and the possibility exists that you may not get the team that you request.