



EZ LONG COURSE AGE GROUP CHAMPIONSHIP COACHES APPLICATION

August 9-12, 2017

Collegiate School Aquatic Center, Richmond, VA

Hosted by Poseidon Swimming

APPLICATION DEADLINE: June 30, 2017

Return application to: coachrep1@virginiawswimming.org

Applicant must be a USA Swimming coach member with current credentials

PLEASE PRINT ALL INFORMATION

HEAD COACH ASSISTANT COACH Preferred Age Group(s): 10&U 11-12 13-14 15-18
(check the position for which you are applying) (check each you prefer)

Name _____ Cell phone _____

Address _____

Current Team _____

Head Coach _____ Cell phone _____

COACHING EXPERIENCE (list most recent position first)

Full name of team	Dates/Years at that position	Title or position

OTHER RELEVANT EXPERIENCE

Below, please indicate the reasons you want be selected as the coaches representative at the Virginia Swimming Eastern Zone Swim Team. What do you expect to contribute? What do you expect to derive from the experience?

I understand that all Virginia Swimming Coaches accepted for participation at the Eastern Zone Meet must be coach members of USA Swimming and must abide by the Code of Conduct. I attest that the above information is true and accurate.

Coach's Signature: _____ Date: _____