

OLQP Basketball Coaching Application

***Must have attended "Protecting God's Children Seminar" in order to be considered for any coaching position.**

NO EXCEPTIONS WILL BE MADE!!

Please complete this application, sign it and return it to the
OLQP BASKETBALL COORDINATOR

Full Name _____

Address _____

Zip Code _____ Telephone Number _____

SS# _____ Date of Birth _____

Position Applying for: Head Coach _____ Assistant Coach _____

Grade applying for _____ Team (circle at least one) A B C

Check One: Boys _____ Girls _____

Previous personal basketball experience _____

I allow OLQP to perform a character background check.

Applicant's Signature _____ Date _____

For OLQP Use Only

OLQP Sport Committee Approval _____

Team Approved For _____

President's Signature _____ Date _____