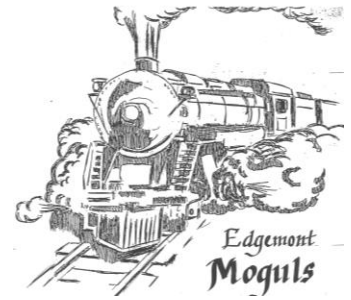


Edgemont School District 23-1

PO Box 29
715 Mogul Way
Edgemont, SD 57735
Phone 605-662-7254
Fax 605-662-7721



Coaching Application

Name _____
Last First MI

Date of Birth _____

Position applying for _____

Address _____

City, State, Zip _____

Telephone Number: home _____ cell _____

High School _____

Location _____ Graduation Date: _____

College or University _____

Location _____ Graduation Date: _____

Major(s) _____ Minor(s) _____

Other courses or training, which would help with coaching duties (ex: First Aid or CPR)

Coaching Experience

School	Position	Grade Level	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

My signature below indicates I have completed this application accurately and truthfully to the best of my knowledge. I understand that misrepresentation of factual information herein may be cause for termination as a coach.

Signature: _____

Date: _____