



The Elkridge Hurricanes Football Team



Please fill out the following application and email back to president@elkridgehurricanes.com for consideration.....

Elkridge Hurricanes Youth Football Coaching Application

Name: _____ **Home Ph** _____

Address: _____ **Work Phone:** _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Cell Ph:** _____

Position Applying For: Head Coach: _____ Assistant Coach: _____ Team Practice Helper: _____

Division: 6-8 tackle _____ 7-9 _____ 8-10 _____ 9-11 _____ 10-12 _____ 11-13 _____

Certifications:

ASEP (required) _____ **CPR (date)** _____ **1st Aid (date)** _____

Will you have a child in the program next year? Yes _____ No _____ **Division** _____

Ballplayers Name (s): _____

A. Coaching Experience (please list all sports including Elkridge Football Experience)

Organization	Yrs.	Reference w/ telephone #'s
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Please explain why you want to coach for the Elkridge Hurricanes Youth Football Program.

C. Other experience or skills which should be considered:

