

SELECTS

HURRICANES

STORM

TORNADOS



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2011-2012

COACHING INFORMATION SHEET

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ PAGER: _____

HOME EMAIL: _____ WORK EMAIL: _____

COACHING CARD NUMBER AND LEVEL: _____

COACHING CARD DATE: _____

SSN: _____ DRIVERS LICENSE #: _____

**PLEASE ATTACH A PHOTOCOPY OF YOUR
 DRIVERS LICENSE AND COACHING CARD
 FRONT AND BACK NEEDED**

**ALL COACHES REGISTERED WITH KVHA HAVE THE
 ABUSE/SCREENING SURVEY BACKGROUND DONE YEARLY**

(Office Use Only)

Background Check: Yes or No Expire Date: _____ State Patrol Screen: Yes or No
 Copy of Coaching Card: Yes or No Copy of ID: Yes or No