

SELECTS

HURRICANES

STORM

TORNADOS



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2011-2012

ASSISTANT 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.**

(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