

# HEAD COACH & ASSISTANT COACH APPLICATION FORM

## Richmond Blue Devils Youth Football & Cheer

- Head Coach
- Assistant Coach

### Please Print All Information Clearly

Coach's Name: \_\_\_\_\_ Age:(optional) \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Do You Have Children Playing?

Child's Name \_\_\_\_\_ Child's Team \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Team \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Check Program Preference & Level

Freshman FB  Freshman Cheer   
JV FB  JV Cheer   
Varsity FB  Varsity Cheer

### Coaching Experience:

Organization \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_ From Date to Date \_\_\_\_\_

Organization \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_ From Date to Date \_\_\_\_\_

### Playing Experience:

Organization \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_ From Date to Date \_\_\_\_\_

Organization \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_ From Date to Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please E-Mail To: e-mail to:  
richmondtaf1@gmail.com

If you feel there is additional information which is relevant, please attach the information to this application.