

EASTERN ZONE LONG COURSE AGE GROUP CHAMPIONSHIP COACHES APPLICATION

August 9-12, 2017 Collegiate School Aquatic Center, Richmond Va Hosted by Poseidon Swimming

Application Deadline June 30, 2017

Return Application to coachrep2@virginiaswimming.org
Applicant must be a USA Swimming Coach Member with current credentials

PLEASE PRINT ALL INFORMATION

HEAD COACH	ASSISTANT COA	CH Preferred Age Gi	roup(s)	10&U, 11-12, 13-14, 15-18	
NAME		CELL PHONE			
ADDRESS					
E-MAIL ADDRESS_					
CURRENT TEAM					
CLUB HEAD COACH	UB HEAD COACH		CELL PHONE		
	IENCE (list most reco				
Full Name of Tea		Dates/Years at position		or position	
Other Relevant Ex	operience				

Below, please indicate the reasons you want to be selected as a coach for Virginia Swimming's Eastern Zone Swim Team? What do you expect to contribute? What do you expect to derive from this experience?					
understand that all Virginia Swimming coaches accepted for participation at the Eastern Zone Meet must be coach members of USA Swimming and must abide by the Honor Code. I attest that the information above is true and accurate					
Coach's signatureDATE:					