



Virginia Swimming Coaches Application
Eastern Zones Meet
August **3-6**, 2016

Nassau County Aquatic Center, **East Meadow, M**
Hosted by Metropolitan Swimming

APPLICATION DEADLINE: June 19, 2016

Return application to (LSC Representatives): coachrep1@virginiawimming.org; coachrep2@virginiawimming.org;

Applicant must be a USA Swimming coach member with current credentials

PLEASE PRINT ALL INFORMATION

HEAD COACH ASSISTANT COACH Preferred Age Group(s): 10&U 11-12 13-14 15-18
(check the position for which you are applying) (check each you prefer)

Name _____ Cell phone _____

Address _____

Current Team _____

Head Coach _____ Cell phone _____

COACHING EXPERIENCE (list most recent position first)

Full name of team	Dates/Years at that position	Title or position

OTHER RELEVANT EXPERIENCE

Below, please indicate the reasons you want be selected as the coaches representative at the Virginia Swimming Eastern Zone Swim Team. What do you expect to contribute? What do you expect to derive from the experience?

I 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 Code of Conduct. I attest that the above information is true and accurate.

Coach's Signature: _____ Date: _____