



PAYSa CELTICS

1150 – 3rd Ave. W.
Prince Albert, SK
S6V 0R5
Phone: 922-2545
Fax: 922-5757

Application to Coach

Name: _____

Address: _____

Postal Code: _____ Phone: (h) _____

Phone: (w) _____ Email: _____

Certification levels completed- Youth/Child__ Senior__ Pre-B__ Full B__
Certification number # _____

Briefly describe your previous coaching experience, number of years, teams coached and

Select one position only

Team Request: __Premier League __Div. I __Div. II Age Group: ____B/G

__Yes, I am willing to participate in training provided by PAYSa.

**If Selected, CPIC forms must be presented to office before accepting position.

Signature

Date