



Granville Recreation District Tackle Football Coaching Application

Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

E-Mail: _____

Child's Name: _____ Age: _____

Have you ever played tackle football before? Yes ___ No ___

Have you ever coached tackle football before? Yes ___ No ___

If yes, how many years? _____

Where did you coach? _____

What age levels did you coach? _____

Why do you want to coach tackle football? _____

Have you coached other youth sports? Yes ___ No ___

If yes, what age group, sport, and where? _____

On this page please give a description of your personal coaching philosophy (HEAD COACHES ONLY). Please be as detailed as possible (elaborate on any bullet points).

Personal References

Name: _____

Phone: _____

Relationship: _____

Years Known: _____

Name: _____

Phone: _____

Relationship: _____

Years Known: _____

Thank you for your interest in becoming a coach for the Granville Recreation District. Your application will be considered by the GRD staff. Please mail your application to the GRD Office:

P.O. Box 483

Granville, Ohio 43023

Attn: Chris Skidmore (Youth Sports
Coordinator)