



**Basketball Coach Application  
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**Name:** \_\_\_\_\_

- **Explain how you communicate with parents?**

**Have you read the Expectations of the Players, Parents and Coaches and agree to abide by these fundamental principles?      YES      NO**

**Availability to practice:**

**Days of the week:** \_\_\_\_\_

**Timeframe that works best: 3:00 – 4:30,    4:30 – 6:00,    6:00 – 7:30,    7:30 -9:00**

**Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Please forward by October 1, 2010 to Mrs. Borea in the School Office  
Thank you for your interest in the Corpus Christi School Athletic Club.**