



2009-2010 WALL RECREATION BASKETBALL

COACH / ASSISTANT COACH

Please indicate below 2 choices for your practice day, time & school. Practices are held once a week, Mon—Fri between 4 & 8 p.m. at one of the 4 elementary schools. We will try our best to get one of your choices but they cannot be guaranteed. All coaches will be required to attend a Coach's Clinic & must be fingerprinted by the Township of Wall. Details for the Coach's Clinic & background check will be forwarded to you at a later date. It is imperative that you provide your e-mail address for this reason and to receive other important information. The game schedule will be posted on our website (wallnj.com) sometime in late November. Coaches, are selected on a 1st-come, 1st served basis. There will be a limit of 1 coach & 1 assistant coach per team. You may not coach more than 2 teams.

Name _____ Coach _____ or Assistant Coach _____

Address _____ Zip _____ Phone _____

E-mail Address _____
(must provide)

Player's Name _____ Grade _____ Male _____ Female _____

If you have signed up to be an assistant coach and we are in need of head coaches, would you be willing to take the head coach position? Yes _____ No _____

PLEASE INDICATE BELOW WITH A # 1 & 2 FOR YOUR 1ST & 2ND CHOICES .

**Please note that W. Belmar is not available on Tuesdays & Wednesdays from 4-5 p.m. & Thursdays from 7-9 p.m. **

ALLENWOOD _____ OLD MILL _____ CENTRAL _____ W. BELMAR _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
4—5 PM					
5—6 PM					
6—7 PM					
7—8 PM					
8—9 PM					

SPONSOR—\$100 per team

Sponsor/team name (as will be printed on shirt) _____

Contact Name & Phone # _____ / _____

Relation to Player _____ Player's Name _____ Grade _____

Division: Boys 3-4 _____ Girls 3-4 _____ Boys 5-6 _____ Girls 5-6 _____ Boys 7-8-9 _____ Girls 7-8-9 _____ Any _____

Date Paid _____ Check # _____ Cash _____ Amount _____