

COACH MEMBERSHIP FORM

First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number: _____

Address: _____

Phone numbers: Cell: _____

Home: _____

Work: _____

Email Address: _____

Date of Birth: _____

Have you ever been convicted of any sex offense? YES NO

Have you ever been convicted of a felony? YES NO

Are you the Coach or the Assistant coach? _____

 If assistant, who will you be working with? _____

Please email completed form to:

Julie Mains: anazemack@gmail.com

Or mail to:

Julie Mains
202 Gas Center Rd
Seward, PA 15954

Questions, concerns, or comment: Call or Text Julie at **(814) 243-2246**