## **BASKETBALL SKILLS COACHES Team Name: INSTRUCTIONS:** 1. All coaches within your quota must be certified. **Head Coach:** 2. Additional coaches (which inloudes bus drivers, nurses, etc.) MUST be preregistered <u>AND</u> pre-approved. 3. Alternate coaches are to replace coaches unable to attend, but where applicable (i.e.; Summer Games: Aquatics & Gymnastics, Day of Event Contact #: Powerlifting), they must be sports specific. **COACHES NAME (LAST, FIRST) CERTIFIED** SEX CELL# **EMAIL** M F Yes No ADDITIONAL COACHES **CERTIFIED** CELL# **EMAIL** SEX M F Yes No M F Yes No Yes No M F **ALTERNATES CERTIFIED** CELL# **EMAIL** SEX M F Yes No M F Yes No M F Yes No

**CERTIFIED** 

Yes No

Yes No

SEX

M F

M F

CELL#

**EMAIL** 

**ADDITIONAL ALTERNATES**