

CHEER FOOTBALL

2022 COACH APPLICATION FORM



Berkley Steelers Youth Football & Cheer
PO BOX 725435
Berkley, MI 48072

Head Coach
 Assistant Coach

Please Print All Information Clearly

Coach's Name:	_____	Date of Birth:	_____
Address:	_____	E-mail Address:	_____
City/State:	_____	Cell Phone:	_____
Zip Code:	_____	Work Phone:	_____
Home Phone:	_____	Home Phone:	_____
Drivers License Number	_____		

Do You Have Children Playing?

Child's Name	_____	SQUAD	_____	Years in Program	_____
Child's Name	_____	SQUAD	_____	Years in Program	_____

Check Program Preference & Level

FLAG	FRESHMAN	JUNIOR VARSITY	VARSITY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coaching Experience:

Organization	_____	Team	_____	Position	_____	From Date to Date	_____
Organization	_____	Team	_____	Position	_____	From Date to Date	_____

Playing Experience:

Organization	_____	Team	_____	Position	_____	From Date to Date	_____
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Coaching References:

Name	_____	Phone	_____
Name	_____	Phone	_____

Authorization:

Will you allow a background check by Berkley Steelers Youth Football Yes No

Signature	_____	Date	_____
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Please Mail To: Berkley Steelers Questions? President Lori Lambertsen Email: berkleystealersfbc@gmail.com
 PO BOX 725435 248-248-514-1464
 Berkley, MI 48072

If you feel there is additional information which is relevant, please attach the information to this application.

ALL COACHES WILL BE REQUIRED TO COMPLETE CONCUSSION / MEDICAL TRAINING PRIOR TO EACH SEASON