

CHEER  FOOTBALL

# 2025 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

<b>FLAG</b>	<b>FRESHMAN</b>	<b>JUNIOR VARSITY</b>	<b>VARSITY</b>
<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
_____	_____	_____	_____

### Coaching References:

Name	Phone
_____	_____
Name	Phone
_____	_____

### Authorization:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Mail To: Berkley Steelers Questions? President Matt Baumgarten Email: [berkleystealersfbc@gmail.com](mailto:berkleystealersfbc@gmail.com)  
 PO BOX 725435 870-723-0771  
 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**