

# PRYSA REP TEAM COACHING/MANAGING APPLICATION FORM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

	BOYS		GIRLS	
PLEASE CIRCLE	U12	U16	U12	U16
PREFERENCE	U13	U17	U13	U17
	U14	U18	U14	U18
	U15		U15	

QUALIFICATIONS \_\_\_\_\_

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SUPPORT STAFF \_\_\_\_\_

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DO YOU AGREE TO ABIDE BY AND ENSURE THAT ALL MEMBERS OF YOUR SUPPORT STAFF AND TEAM MEMBERS ABIDE BY THE PRYSA CONSTITUTION, BYLAWS AND REP TEAM POLICY DOCUMENTS?

CIRCLE            YES                            NO

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_