

OPERATION BASKETBALL AMIGO

COACHES APPLICATION FORM

To be completed by the applicant. Applicants must be sixteen years of age or older.

The following information will be used in determining eligibility for participation in the Mexico Mission program called **OPERATION BASKETBALL AMIGO**.

1. Please answer the questions and complete the form in full.
2. Upon completion please submit it to Stony Plain Basketball c/o Roc Weigl.
3. Stony Plain Basketball will process information and contact all applicants to confirm participation in the program or not.

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Age: ____ Grade: ____ Gender: M or F Phone (____) _____ Email: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Parents/Guardians Names: _____

CHURCH INFORMATION

Name of Church You Attend; _____ How Long Attending: _____
Mailing Address _____ City: _____ Province: _____ Postal Code: _____
Pastor/Youth Pastor Contact Name: _____ Email: _____ Phone: _____

BASKETBALL INFOAMATION

Number of Year of Basketball Experience: ____ Coaching Experience (If yes explain) _____

Schools You Played For: _____
Clubs You Played For: _____
School Coach Name: _____ Phone: _____ Club Coach Name: _____ Phone _____

Personal Spiritual & Basketball Bio: Please tell us about your spiritual journey, leadership capacity and your capacity to learn and serve in a cross cultural experience. Please use other side of this page to complete your Bio.

Applicant's Signature: _____ Date: _____