

Department of Athletics Recreational Sports

Club Sports Program

Instructor / Coach Information Sheet:

Name:	Phone:	
Email:		
Skill Level / Playing Experience:		
Instructor / Coaching Certificates or Leve	l:	
Affiliations or Memberships in related are	ea:	
Any other related experience/certificatio	ns (current CPR/1 st Aid etc.):	
Any other background or personal experi	ence / accomplishments:	