



TNT SOFTBALL CLUB
 TNT NATIONAL OFFICE
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 PLYMOUTH MEETING PA 19462

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 http://www.tntgoldsoftball.com
 http://www.facebook.com/tntsoftballclub

GENERAL INFORMATION:

NAME: _____ AGE GROUP REQUESTING TO COACH: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 EMAIL: _____ CELL PHONE #: _____

I certify that I am over the age of 18 - years old.

COACHING BACKGROUND / EXPERIENCE:

YEARS SOFTBALL COACHING: _____
 DESCRIBE YOUR ROLE DURING THESE YEARS: _____

LIST ALL COACHING CERTIFICATIONS RECEIVED: _____
 FIRST AID CARD: Yes, Expiration Date: _____ No
 CPR CARD: Yes, Expiration Date: _____ No
 CONCUSSION TEST TRAINING RECEIVED: Yes, Date of your training _____ No
 OTHER COACHING QUALIFICATIONS: _____

ARE YOU AVAILABLE YEAR ROUND TO COMMIT TO A FULL SEASON: Yes No
 (If not, explain):

DO YOU AGREE TO BECOME USA OR PGF COACHING CERTIFIED FOR THE CURRENT YEAR (Including taking the background test associated to the certification): Yes No

I hereby apply to coach in the TNT FASTPITCH SOFTBALL ORGANIZATION for the designated season. I also hereby agree that, if accepted as a coach in the TNT FASTPITCH SOFTBALL ORGANIZATION, I will be bound by all rules, procedures and the code of conduct established by the Board of Directors that govern the activities of the Organization.

SIGNATURE OF APPLYING COACH: _____ DATE: _____

For Internal Use Only:
 Date Received: _____ Date Reviewed: _____ Approved Denied
 Comments: _____

Board Member Signature: _____