

COACHING APPLICATION

PLEASE FILL OUT THIS FORM AND RETURN BY DECEMBER 3 IF YOU ARE INTERESTED IN COACHING

Name _____

Address _____ City _____ Zip _____

Phone _____ Best Time to Call _____

_____ I am willing to be a **COACH** for the following: Age Level _____

_____ I am willing to be an **ASSISTANT COACH** for the following: Age Level _____

_____ I am unable to coach this session. Please keep me in mind for the next session.

SPONSORSHIP FORM 2011

A \$150 sponsorship supports three teams from January through December 2011. Please make check payable to: Kenan Center Inc.
Return with this form to: Kenan Center, 433 Locust St., Lockport, NY 14094.

Name _____

Address _____ City _____ Zip _____

Phone _____ Best Time to Call _____

Business or Company _____

If you wish to designate your sponsorship for the team of a particular soccer player, please list the child's name:
