

MIDDLE ATLANTIC ZONE TEAM COACHES APPLICATION

for Short Course All-Star Championship Meet
in Sewell, NJ

APPLICATION DEADLINE IS January 30, 2002

I, _____, hereby apply for consideration as a Zone Team Coach. I understand that I must be available from April 3-6, 2002. I also understand that I will receive equipment, transportation and hotel accommodations. I further understand that I will remain with the team both on deck and reside at the team hotel with the team.

Please complete the information below:

Coach Name _____ Team _____

Address _____ Phone _____

State your preference. Please understand that you are not guaranteed an age group, you must be willing to accept whatever you are assigned.

10 & Under Boys _____ 10 & Under Girls _____
11-12 Boys _____ 11-12 Girls _____
13-14 Boys _____ 13-14 Girls _____
15 - 18 Boys _____ 15-18 Girls _____

Have you ever been a zone team coach in the past? Y N
If yes, when? _____

What is your reason for wanting to coach a zone
team? _____

Please check off your sizes for equipment:

T-Shirt___ (Adult Sm, Med, Lg, X-Lg)

Jacket___ (Adult Sm, Med, Lg, X-Lg)

Pants___ (Adult Sm, Med, Lg, X-Lg)

Mail or fax application to:
Middle Atlantic Swimming
2018 Naamans Road, Suite 3
Wilmington, DE 19810
302/529-5549

Coach Signature _____