



# APPLICATION TO COACH FOR BANKSTOWN CITY NETBALL ASSOCIATION INC.

Applicants Name: ..... Phone: .....

Address: ..... Post Code: .....

Association: ..... Club: .....

Team/s Applied for: .....

Accreditation held:

Year: ..... Accreditation: .....

Year: ..... Accreditation: .....

Year: ..... Accreditation: .....

Current Courses attended (ie; last 5 years include the four you believe were of greatest benefit)

Year: ..... Course: .....

Year: ..... Course: .....

Year: ..... Course: .....

Year: ..... Course: .....

Coaching Experience

State: .....

.....

District: .....

.....

.....

Club: .....

.....

.....

I agree to abide by the Constitution, Policies and Procedures and Codes of Conduct of Bankstown City Netball Association Inc

Signature: ..... Date: .....

**A copy of your current coaching logbook is to be attached**

Applications to be sent to:           The Secretary  
Bankstown City Netball Association Inc  
PO Box CP69  
CONDELL PARK NSW 2200

**APPLICATIONS CLOSE 5.00pm 31<sup>ST</sup> JULY**

**Bankstown City Netball Association Representative Teams:**

State League (2009)

Night Inter District (2008)

State Championships (2009)

Opens  
21 Years & Under  
17 Years & Under  
Over 40's

State Age Championships (2009)

15 Years  
14 Years  
13 Years  
12 Years

Talented Identification Squad (2009)

13 Years  
12 Years

Development Squad (2009)

11 Years