

Tournament team application

Proposed age group: Proposed schedule (frequency of tournaments, event wish list, possible practice proposal):		
Proposed tryout date	es:	
Proposed head coacl	n:	
Cell phone:	Email:	ars/levels BPV experience
AAU membership n	umber:Yea	ars/levels BPV experience
Tell us about yourse	lf (philosophy, reasons for coac	ching, etc.):
PROPOSED ASSIST		
Name:	AAU#	Cell #
#1		
email:		
#2		
email:		
#3		
email:		
ANYTHING ELSE	WE NEED TO KNOW?	