

## Coach Membership Form

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work \_\_\_\_\_

Email address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Have you ever been convicted of any sex offense? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Are you the coach or assistant coach? \_\_\_\_\_

If assistant coach who will you be working with? \_\_\_\_\_

Mail completed form to:

Elizabeth Kreashko

3224 Ben Franklin Hwy

Ebensburg, PA 15931

814-749-8973