Lyndonville Athletic DepartmentCoaching Application 2021-2022

Name:			
Position(s) Desired:			
Building:	Home Phone:	Cel	l Phone:
Home Address:			
Coaching Certif (You must be co	ication Status:ertified, or have a tempor	rary coaching license fron	n NYS in order to coach)
Expiration Dates For: CPR		First Aid	Lifeguard

PLEASE SUBMIT THIS FORM TO JIM ZELIFF