

"Our mission is to enhance, promote and support quality recreation facilities and Opportunities for all residents of the community."

## **Thompson Recreation Youth Basketball 2019-20**

## **COACHING**

Please complete this form and the enclosed volunteer application and return both to TRC, PO Box 899, N. Grosvenordale, CT 06255

Coach's Name			Best Number to reach you: _()		
E-Mail					
Rookie Co-ed (Age 6-7)	Junior Co-ed (Age 8-9)	•	NBA Boys (Age 12-13-14)		NBA Girls (Gr. 7-8)
Please list each ch	ild/division which	h you would lik	e to coach/assistar	nt coach:	Coach or Assistant?
Child 1 Name			Division		Coach of Assistant:
Child 2 Name Division					
Player Evaluat	ion – Wednesday,	November 20, 2		Will Attend	Unable to Attend  □
Coaches' Mee	ovember 26, 201	9 (7:00pm)	7:00pm)   Mandatory		
Practices begin the (Rookie coaches-P			ase write your 1st an	nd 2 <sup>nd</sup> choice for	your practice night:
Tuesday					
Wednesday					
Thursday					

NOTE: We will do our best to accommodate your division choice as well as your practice night choice.