SIX NATIONS MINOR LACROSSE ASSOCIATION

2026 COACHING APPLICATION

Contact Information

NAME: _____

EMAIL: _____

CELL: _____

1. What division are you applying for?

Please Circle

1st Choice – Division Team #: 1 2 3

_____

2nd Choice – Division Team #: 1 2 3

_____

2. What team role are you applying for?

- Head Coach
- Assistant Coach
- Trainer

3. What is your NCCP #

_____

4. Do you have a child playing on the team you are applying for? Yes ☐ No ☐

5. Are you willing to complete a Police Check? Yes ☐ No ☐

6. What is your coaching experience/history?

_____

_____

_____

7. Briefly describe your season plan. What do you want to accomplish for the 2026 season?

8. Please list bench staff name and NCCP #.

Assistant Coach: _____

Assistant Coach: _____

Assistant Coach: _____

Trainer: _____

SNMLA will be conducting interviews with all applicants, you will be contacted for your interview date and time.

Please Submit Application by **September 30, 2025** in person to any SNMLA Team Member or Email: **snminorlacrosse@gmail.com**