

*Solander Lake Bowls Club Inc.*

**Application for Coaching**

Surname                      Given Name                      Year of Birth

\_\_\_\_\_

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

Phone No. \_\_\_\_\_

Any Physical or Health matters that a coach should be aware of? \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**THIS IS NOT A MEMBERSHIP APPLICATION**

**You will be contacted when a coach is available.**

*When completed, this form should be placed in the box for coaches,  
(on the wall above the games controller's bench.)*