



CHESTERFIELD FOOTBALL ASSOCIATION

Head Coach Application

(If needed, attach a continuation sheet in order to fully complete this application.)

Name: _____ Age: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

E-mail address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age Level Desired: 7-8, 9, 10, 11, 12, 13-14 (please circle)

Have you been a Head Football Coach before? Where? When? What age level?

Football Coaching Experience (Head or Assistant). List accomplishments:

Coaching Experience in other sports? List accomplishments:



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If you were chosen as a Head Coach, briefly discuss your philosophy of what would make for a successful season. That is, what are your top priorities?

Summarize the primary reasons why YOU should be chosen as Head Coach over other candidates:

List the names of any Assistant Coaches you would like on your team.

References (the best people to provide us with insight as to what type of football coach you will be):
Please list names / relationship / phone numbers

By signing below you authorize the Chesterfield Football Association to request a criminal background check.

Signature: _____

**Please mail or fax completed application to:
CFA Coaching Coordinator
252 Harbour Point Drive
Wildwood, MO 63040
Fax: (800) 948-3116**