

**YMCA OF ARLINGTON**  
**2011/2012 WINTER BASKETBALL INTENT TO COACH FORM**

**YES**, I WILL COACH A 2011/2012 WINTER BASKETBALL TEAM. Fill out form below.

**NO**, I CANNOT COACH. \_\_\_\_\_  
Name Phone Number

**PLEASE LIST ONLY THE PLAYERS THAT YOU HAVE CONFIRMED WITH.  
THE YMCA WILL ASSIST IN FILLING OUT ROSTERS WHERE NEEDED.**

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

**DIVISION:** circle appropriate division

BOYS: Kindergarten 1<sup>st</sup>&2<sup>nd</sup> 3<sup>rd</sup>&4<sup>th</sup> 4<sup>th</sup> 5<sup>th</sup>&6<sup>th</sup> 7<sup>th</sup>&8<sup>th</sup> 9<sup>th</sup>&10<sup>th</sup> 11<sup>th</sup>&12<sup>th</sup>  
GIRLS: Kindergarten 1<sup>st</sup>&2<sup>nd</sup> 3<sup>rd</sup>&4<sup>th</sup> 4<sup>th</sup> 5<sup>th</sup>&6<sup>th</sup> 7<sup>th</sup>&8<sup>th</sup> 9<sup>th</sup>-12<sup>th</sup>

**HEAD BASKETBALL COACHES INFORMATION:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE TO:**

**SPORTS DEPARTMENT  
YMCA OF ARLINGTON  
2200 SOUTH DAVIS  
ARLINGTON, TEXAS 76013**

**SPORTS LINE 817.801.1400  
FAX NUMBER 817.277.4719  
EMAIL [markb@ymca-arlington.org](mailto:markb@ymca-arlington.org)**