

2005 BASKETBALL NSW METROPOLITAN DEVELOPMENT PROGRAM

METRO DEVELOPMENT LEAGUE COACH, REFEREE & MANAGER APPLICATION FORM

APPLICATION TO COACH, REFEREE OR MANAGE IN 2005 METRO DEVELOPMENT LEAGUE

(Complete and return by Friday 30th September 2005)

Name: _____

Address: _____

_____ Pcode: _____

Phone (Home): _____ (Work): _____

(Mobile) _____ NCAS Coaching Certificate Level: _____

Association: _____ BNSW Registration Number: _____

Email: _____

(** Very Important – so that MDL information can be emailed through to you)

Preferences for your application – please number options in order of preference:

POSITION	MDL Age Group		REFEREES ONLY BELOW	
	Boys	Girls	Role	Tick Choice
MDL AGE DIVISION HEAD COACH & SELECTION COORDINATOR	<input type="checkbox"/> U11	<input type="checkbox"/> U11	I wish to apply to participate in MDL as a Junior Referee	<input type="checkbox"/> (Tick)
	<input type="checkbox"/> U13	<input type="checkbox"/> U13		
	<input type="checkbox"/> U15	<input type="checkbox"/> U15		
TEAM HEAD COACH	<input type="checkbox"/> U11	<input type="checkbox"/> U11	I wish to apply to participate in MDL as a Referee Coach	<input type="checkbox"/> (Tick)
	<input type="checkbox"/> U13	<input type="checkbox"/> U13		
	<input type="checkbox"/> U15	<input type="checkbox"/> U15		
TEAM ASSISTANT COACH	<input type="checkbox"/> U11	<input type="checkbox"/> U11		
	<input type="checkbox"/> U13	<input type="checkbox"/> U13		
	<input type="checkbox"/> U15	<input type="checkbox"/> U15		
TEAM MANAGER	<input type="checkbox"/> U11	<input type="checkbox"/> U11		
	<input type="checkbox"/> U13	<input type="checkbox"/> U13		
	<input type="checkbox"/> U15	<input type="checkbox"/> U15		

Please return this form as soon as possible but at least prior to Friday 30th September 2005 to:

Coaching Department
Basketball NSW
P.O Box 198
Sydney Markets
NSW 2129

(Form can also be faxed through to fax number below):
Fax: (02) 97461457
Enquiries:
Phone: (02) 97462969