



ZYEP Coach Registration

Flag Football League

September - October 2019

Thank you for your interest in applying to be a ZYEP coach. The purpose of the ZYEP program is to provide local youth an opportunity to apply their highest efforts toward learning and performing sport in an environment that is fun and supportive. Coaches are key to making the program possible for Zuni youth! Please complete the following registration form and return it to the ZYEP Office located at 13 Chimoni Drive. ZYEP Office hours are 8 am-5 pm Monday-Friday. Question, call us at 505-782-8000.

First Name: _____ Last Name: _____
Street Address: _____
P.O. Box #: _____
E-Mail Address: _____
Telephone (best contact #): _____
Telephone (alternate contact #): _____

Shirt size (circle): AS AM AL AXL AXXL AXXXL

Do you have a relative that needs to be assigned to your team? ____Yes ____No

Name(s) _____

Are you available to coach between the hours of 5-7pm Mon-Fri? ____Yes ____No

Are you available to coach games Sunday mornings? ____Yes ____No

Any specific people that you want to coach with? ____Yes ____No

Name(s) _____

Preferred League: 7-9 Years old (Shiwi League) 10-12 years old (Zuni League)

Paid Position (16-24yrs)

Volunteer Position (25+yrs)

3 Favorite NFL Teams: 1) _____ 2) _____ 3) _____

Authorizations:

I will submit a current background check to help ensure the safety of ZYEP youth participants. I consent to be photographed as part of ZYEP activities and have no objection to the use of photographs in promotional and fundraising material.

Name (Print) _____

Signature _____

Date: _____

Office Use: Received: _____ Entered: _____ Bkgrd Chk: ____Update ____Need ____New