

**YMCA OF ARLINGTON**  
**2009/2010 WINTER BASKETBALL INTENT TO COACH FORM**

**YES**, I WILL COACH A 2009/2010 WINTER BASKETBALL TEAM.(fill out form below)

**NO**, I CANNOT COACH. \_\_\_\_\_  
(only if you **cannot** coach this year)                      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)**