



WINSLOW TOWNSHIP ATHLETIC COACH INFORMATION

LEGAL NAME: _____

DOB: _____

ADDRESS: _____

BEST CONTACT NUMBER: _____

Please check the box or boxes for the team or teams you are associated with:

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Eagles | <input type="checkbox"/> Maullers | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Bull Dogs | <input type="checkbox"/> American Legion | |
| <input type="checkbox"/> St. Mary's | <input type="checkbox"/> St. Joseph's | <input type="checkbox"/> Omega Track | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> New Vision Basketball | <input type="checkbox"/> Winslow Township Basketball | | |
| <input type="checkbox"/> Main Stream Basketball | <input type="checkbox"/> Other | | |

To be completed by Winslow Township

Background check complete _____

Photo taken _____

Badge issued _____

Badge expiration _____