

**CUTHBERTSON ATHLETIC BOOSTER CLUB
ASSISTANT COACHING CONTACT FORM**

ASSISTING FOR: _____
Sport School Year

HEAD COACH REFERRAL: _____
Name of Head Coach

NAME: _____
Last First Middle

ADDRESS: _____
Street City Zip Code

HOME PHONE: _____ **CELL PHONE:** _____

WORK PHONE: _____ **E-Mail:** _____

HAVE YOU BEEN APPROVED AS A VOLUNTEER (level 4 status) BY UCPS?

If Yes: Application No. _____

If NO: Date applied _____

I understand that if selected as an assistant coach, that it is due to the recommendation of the Head Coach and the approval of the CABC Board. I am aware that the CABC Board may rescind that approval with or without cause at any time. I also understand that to coach a Booster Club Sport at any level for the CABC that I must join the Booster Club at least at the Basic Level.

Date _____ Signature _____