

High School Coach Application Addendum

Name: Occupation: Years acquainted: Address: City, State, Zip: Telephone: Address: City, State, Zip: Telephone: Address: City, State, Zip: Telephone: Years acquainted: Address: City, State, Zip: Telephone: Years acquainted: Telephone: Date: Printed name: Proffice use: Date of contact to IHSAA	Athletic Association 2. If you are or were a suspended or revo 3. Please provide threwho we may contain	n ("IHSAA")? accredited by the IHSAA as a cked? ee (3) personal references to ct who have knowledge of yo rovided references on your e	Yes No coach, has your accreditation ever been Yes No whom you are not related or living with ur character, experience and ability. If employee application, you do not need
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