Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

COACHING A SPECIFIC SPORT

Instructor: Tim Kocher

Application: ***Coaching Endorsement Certification***

Name: _____
Last First Middle

Social Security Number: _____

Address: _____
Street City/State Zip Code

Email: _____

Home Telephone: _____ Work Telephone: _____

School Coaching: _____ Sport: _____

Class Meeting Dates:	**Tuesday, October 29, 2019** **Tuesday, November 19, 2019**
***Dates are subject to change**	
Class Meeting Time:	**6:30 p.m. to 9:30 p.m.**
Class Meeting Location:	**Chamberlain High School, Room 107**

In order to receive credit for completion of this training, I understand I must attend ***all*** classes and complete ***all*** outside assignments.

Signed: _____

Date: _____

Return To: Athletics Department No Later Than Friday, October 25, 2019

School Mail: Athletics Department, VELASCO, Rt. 7
U.S. Mail: 1202 E. Palm Ave. Tampa, FL 33605
FAX: (813) 273-7310
Email to: District.athletics@sdhc.k12.fl.us