



SOVA LACROSSE EMPLOYMENT APPLICATION

APPLICATION FOR (CHOOSE ONE OR BOTH):

_____ SOVA COACHING | 2017 SUMMER SEASON

_____ SOVA COACHING | 2017 FALL SEASON

APPLICANT INFORMATION:

Applicant Name: _____ Birth Date: _____

Address: _____

Phone: _____ Email*: _____

RELATED EXPERIENCE:

CERTIFICATIONS:

AVAILABILITY:

Please send completed application to:

BY MAIL: LR Hill Sports Complex
Attn: Ashley Waters
4251 Powhatan Avenue
Norfolk, VA 23529

BY EMAIL: shootingspacelacrosse@gmail.com

www.shootingspacelacrosse.com