



# SOFTBALL NSW COACHING COMMITTEE

## Expression of Interest

**Full Name:**.....

**Address:**.....

.....

**Email:**.....

**Mobile:**.....

**Club/Association Affiliation:**.....

**Profession / Occupation:**.....

**Softball History:**

**Competitor:**.....

**Coach Accreditation level:**.....

**Are you an accredited course presenter?**.....

**What experience have you had in coaching?**

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**Have you been a Selector?**.....

**What 3 things that you would like to see improved in coaching in NSW?**

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Softball NSW Inc.  
ABN 76 489 769 723  
PO BOX 210  
ROOTY HILL NSW 2766  
Phone: (02) 9677 4000 Fax: (02) 9677 4040  
Email: [director.coaching@softball.net.au](mailto:director.coaching@softball.net.au)

**Any other pertinent information? e.g: Other Involvements:**

(Detail other professional and/or community organisation/activities you have been involved in and describe your role/s and position/s in each)

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**Signed:**.....

**Date:**.....

**PLEASE NOTE:**

- Eol's close Friday 9<sup>th</sup> November, 2018
- If possible please type. If writing please use a black pen and legible writing ☺
- Email to: [director.coaching@softball.net.au](mailto:director.coaching@softball.net.au)

Signature:..... Date:.....



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