



# WLC COACHING NOMINATION

YEAR / SEASON: \_\_\_\_\_

**Indicate COACHING position for nomination:**

- Mens State League
- Mens D2
- Mens D3
- Mens U17

- Mens U15
- Mens U13
- Mens U11

- Womens State League
- Womens D2
- Womens U17
- Womens U14

**Name:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Briefly outline experience and what would bring to the role:**

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**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete and email to [admin@wembleylacrosse.com.au](mailto:admin@wembleylacrosse.com.au)