

# Rocky Mountain Fever Basketball Coaching Interest Form

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

## Basketball Coaching Position of Preference

(You may check more than one. If you do check more than one please give priority to first choice.)

Boys\_\_\_ Girls\_\_\_ No Preference\_\_\_

High School: 17's\_\_\_16's\_\_\_15's\_\_\_14's\_\_\_

Middle School: 13's\_\_\_12's\_\_\_

Elementary: 11's\_\_\_10's\_\_\_

## Coaching Experience

School or Club	Position	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## References:

Name	Address	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Complete and Return:

Email: [bruce@RMYouthSports.com](mailto:bruce@RMYouthSports.com)

Fax: 970-377-1952

Mail: Rocky Mountain Fever  
1112 Oakridge Dr #104-265  
Fort Collins CO 80525



## Or Contact:

**Bruce Dick**

Director of Basketball Operations  
303.908.0405 or 970.631.9310  
[bruce@RMYouthSports.com](mailto:bruce@RMYouthSports.com)  
[www.RMYouthSports.com](http://www.RMYouthSports.com)