

PARTICIPANT INFORMATION SHEET



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Dear Coach,

Thank you for participating in our PLC Coaches Clinic. In order to keep accurate records of all coaches in attendance, as well as provide you with future PLC information, we ask you to complete the following information sheet.

Name: _____

Email: _____

Phone: _____

Address: _____

School/Parish: _____

Gender: Male Female

Age: 20 and Under 21 – 30 31 – 40 41 – 50 51 – 60 Over 60

Racial/Ethnic Identification:

- White, not Hispanic Latino/Latina/Hispanic Native American/Alaskan Native
 African American Asian-American/Pacific Islander
 Other (specify) _____

Sports Coached: (please check all that apply)

- Baseball Basketball Football Soccer Softball
 Track and Field Volleyball Other (specify) _____

Number of Years Coaching: _____

Playing Experience:

- Grade School High School College (Club) College (DI, II, III)
 Professional

Have you ever attended a Coaching Workshop? If so, please identify.