**Lawn Bowls Association of Hong Kong China**

**香港草地滾球總會**

**Coach Application Form 教練申請表格**

|  |  |  |  |
| --- | --- | --- | --- |
| Name in English  英文姓名 : |  | | |
| Name in Chinese  中文姓名 : |  | | |
| Club 屬會 : |  | | |
| Tel.No. 聯絡電話 |  | | |
| E-Mail 電郵 : |  | | |
| At least 5 years of  bowling experience :  參與草地滾球的經驗  (最少5年) : | Starting year 何時開始參加草地滾球活動:  \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  Year 年 Month 月 | | 總年數 :  Total no. of year : |
| **Other qualification 其他資歷:** | | | |
| League Games | Year 年份 | Club 所屬球會  League Games 聯賽名額  Attendance % 出席率 | |
| Information : | 2019 |  | |
| 參與聯賽資料 : | 2020 |  | |
|  | 2021 |  | |
|  | 2022 |  | |
|  | 2023 |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Championships  Information : | Year  年份 | | | Points Gained  獲得分數 | | Achievement 成績  (Competition/Ranking 賽事/名次) | | | | |
| 參與計分  公開賽資料 : | 2019 | | |  | |  | | | | |
| 2020 | | |  | |  | | | | |
| 2021 | | |  | |  | | | | |
| 2022 | | |  | |  | | | | |
| 2023 | | |  | |  | | | | |
| I hereby confirm that the above information is correct.  本人証明以上資料全屬真確。 | | | | | | | | | | |
| Signature :  簽署 : | |  | | | | Fill in date  填表日期: | |  | | |
| Recommended by the applicant’s Club Convenor **AND** One LBA Registered Coach :  **(MUST COMPLETE THIS SECTION)**  需由申請人的屬會之球會召集人**及**一位中國香港草地滾球總會註冊教練推薦 : **(必須塡寫此欄)** | | | | | | | | | | |
| **Name of Convenor**  球會召集人 : |  | | | | | | Signature  簽署 : | | |  |
| Club’s name  屬會名稱 : |  | | | | | | Fill in date  填表  日期 : | | |  |
| **Registered Coach**  註冊教練 : |  | | | | | | Signature  簽署 : | | |  |
| Club’s name  屬會名稱 : |  | | | | | | Fill in date  填表  日期 : | | |  |
|  | | |  | | | | | | | | |
| **For Re-exam candidate**  **參加補考考生** | | | | | | | | | | | |
| Year of last exam  上次考試年份 : | | |  | | | | | | | | |
| Name in English  英文姓名 : | | |  | | | | | | | | |
| Name in Chinese  中文姓名 : | | |  | | | | | | | | |
| Club 屬會 : | | |  | | | | | | | | |
| Tel.No. 聯絡電話 | | |  | | | | | | | | |
| E-Mail 電郵 : | | |  | | | | | | | | |
|  | | | | | | |  | | |  |
| FOR OFFICE USE ONLY | | | | | | |  | | |  |
| Verified by: | |  | | | | | Signature: | | |  |
| Capacity : | |  | | | | | Date: | | |  |
| Results : | | * Accept     Inform on : | | | * Reject   Inform on : | | | | * More info. required   Inform on : | |
| Remarks : | | | | | | | | | | |