



AMERICAN CUESPORTS ALLIANCE

INSTRUCTOR/COACH CERTIFICATION APPLICATION

- PLEASE PRINT CLEARLY -

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/PC: \_\_\_\_\_ Country: \_\_\_\_\_

Hm. \_\_\_\_\_ Cell \_\_\_\_\_ Wk. \_\_\_\_\_

Tel: \_\_\_\_\_ Tel: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Current/ expired: \_\_\_\_\_

For what level are you applying within the ACS Instructor/Coach program:

- a. Level 1 (\$35) \_\_\_\_\_ Comments: \_\_\_\_\_
b. Level 2 (\$50) \_\_\_\_\_
c. Level 3 (\$75) \_\_\_\_\_
d. Level 4 (\$100) \_\_\_\_\_

MEMBERSHIP BENEFITS

- Annual Instructor-Coach Membership package to include certificate, pool pen and membership card.
Sanctioned Player Membership to ACS - directly supports the growth and future of cue sports.
Qualified to use the PAT Testing system and to become a PAT Examiner
Listing on ACS website
Student referrals
Receive regular updates on the program and the ACS through email
Eligibility to compete in the ACS National 8-Ball Championships (Singles only if not an ACS league member).
Eligibility to compete in the ACS National 9-Ball Championships (Singles only if not an ACS league member).

Method of Payment: [ ] VISA [ ] MasterCard [ ] Check or Money Order

Credit Card Number: \_\_\_\_\_ Amt. + 5% cc service charge

Card Holders Name (as it appears on credit card): \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Send completed application and payment to:

American CueSports Alliance (ACS)

101 S. Military Ave., Suite P - #131

Green Bay, WI 54303 / Tel. 920-662-1705/ Fax. 920-662-1706

Email: jlewis@americancuesports.org/ Website: www.americancuesports.org



## INSTRUCTOR/COACH APPLICATION

This application must be completed in full and returned to the American CueSports Alliance (ACS) Instructor/Coach Certification Program as part of the recognition process and will become a permanent part of the candidate's file. The appropriate annual fee must be included with this application.

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Who Referred You To Program: \_\_\_\_\_

Instructor(s) With Whom You Have Worked: \_\_\_\_\_

Please answer the following questions:

1. In what year did you become involved with the sport of pocket billiards? \_\_\_\_\_
2. How long have you been teaching pool? \_\_\_\_\_
3. Do you have any previous teaching experience other than billiards? \_\_\_\_\_
4. During the past year, how many students have you worked with on a fee basis? \_\_\_\_\_
5. How many total hours did that include? \_\_\_\_\_
6. Are you currently certified in any other instructor program? \_\_\_\_\_
7. With what program and at what level are you certified? \_\_\_\_\_
8. Do you work with other ACS Instructor/Coaches? \_\_\_\_\_ Who? \_\_\_\_\_
9. Which games are you most comfortable teaching? \_\_\_\_\_
10. Are you a certified PAT Examiner? \_\_\_\_\_ Who certified you? \_\_\_\_\_
11. Do you use any special equipment, printed material, video tapes, video camera, etc.? Please describe on additional sheet; include examples, if appropriate. \_\_\_\_\_