



SBC COACHING CHANGE NOTIFICATION FORM  
(please include new administrators)

**NAME:** \_\_\_\_\_

**SPORT:** \_\_\_\_\_

**INSTITUTION:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PREVIOUS  
POSITION  
/INSTITUTION:**  
\_\_\_\_\_  
\_\_\_\_\_

**EFFECTIVE  
DATE:** \_\_\_\_\_

**OFFICE  
PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

PLEASE RETURN TO:  
DR. KATHY KEENE  
ASSOCIATE COMMISSIONER  
FAX: 504-299-9067/ EMAIL: [KEENE@SUNBELTSports.ORG](mailto:KEENE@SUNBELTSports.ORG)

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