

STRATHROY SOCCER COACHING APPLICATION

FOR OFFICE USE ONLY

1. APPLICANT INFORMATION

Name _____ Date of Birth _____
 Address _____ Residence No. _____
 City/Town _____ Postal Code _____ Business No. _____
 E-Mail Address _____ Fax No. _____

2. COACHING POSITION PREFERRED

PROGRAMS: Mini Soccer - Recreational - Intermediate - Premier

ORDER OF CHOICES	AGE GROUP & GENDER	CHILD INVOLVED?	IF YES, NAME	CHILD'S BIRTH YEAR
FIRST CHOICE				
SECOND CHOICE				

3. COACHING QUALIFICATIONS

A photocopy of my Coaching Levels have been attached?

Ontario Soccer Association Community Coach Level completed: _____
 Other (please specify) _____ OSA Number _____

4. COACHING EXPERIENCE

This is my FIRST EXPERIENCE coaching youth soccer!

If you have coached within the past three years, please indicate (i) The Club; (ii) Age Division and Gender; and (iii) League

2009 CLUB: _____ AGE DIVISION/GENDER: _____ LEAGUE: _____
 2008 CLUB: _____ AGE DIVISION/GENDER: _____ LEAGUE: _____
 2007 CLUB: _____ AGE DIVISION/GENDER: _____ LEAGUE: _____

5. PERSONAL REFERENCES

Name _____ Residence Phone _____
 Address _____ City/Town _____ Postal Code _____
 Name _____ Residence Phone _____
 Address _____ City/Town _____ Postal Code _____

6. AGREEMENT

A completed Consent to Disclosure Form has been attached?

I have agreed to the role and position, as outlined above, and have accurately completed this application.

Applicant's Signature _____ Date _____