SCHUYLKILL COUNTY YOUTH SOCCER ASSOCIATION

TRAVEL TEAM COACHING APPLICATION

FULL NAME: _____ **DOB:** _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

HEAD COACH ( ) ASSISTANT COACH ( )

AGE GROUP YOU WISH TO COACH (PLEASE LIST PREFERENCE)

U-09B _____ **U-09G** _____ **U-10B** _____ **U-10G** _____

U-11B _____ **U-11G** _____ **U-12B** _____ **U-12G** _____

U-13B _____ **U-13G** _____ **U-14B** _____ **U-14G** _____

U-15B _____ **U-15G** _____ **U-16B** _____ **U-16G** _____

U-17B _____ **U-17G** _____ **U-19B** _____ **U-19G** _____

COACHING EXPERIENCE:

YEAR: **POSITION:** **AGE GROUP:** **ORGANIZATION:**

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CONTINUING EDUCATION (LICENSE/CLINICS/CONVENTIONS):

YEAR: **LEVEL:** **ORGANIZATION:**

_____

CONTINUING EDUCATION CONTINUED:

YEAR: **LEVEL:** **ORGANIZATION:**

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OTHER PERTINENT INFORMATION YOU WISH TO PROVIDE: _____

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THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF THERE IS MORE THAN ONE CANDIDATE FOR A PARTICULAR POSITION, AN INTERVIEW PROCESS WILL BE CONDUCTED. THE SELECTION COMMITTEE HAS THE ABSOLUTE RIGHT TO DENY ANY INDIVIDUAL A COACHING POSITION.

_____ _____

APPLICANT SIGNATURE **DATE**