

Indoor Soccer League Coaching Application

Name	Age	Or over 21
Address	City	Zip
Felephone # <u>()</u>	E-mail Address_	
1. Were you a coach in our Fall seas	son? YesNoIf yes,	, what team #?
2. Will you have a child in the Winter	r indoor program? Yes_	No
3. What age teams are you willing to	coach for?	
Please list any coaching licenses, hold:	, certificates or other co	oaching/sport credentials you
5. In the past 2 years, have you bee yes, please give details (when, when form.		
6. In the past 2 years have you (as a organization? YesNo If ye etc.) on the reverse side of this form	s, please give details (
7. Have you ever been charged or c turpitude? Yes No	onvicted of a felony or	misdemeanor involving moral
8. If you have more than 1 child part priority of coaching (by league). 1 Note: Your stated preference will be teams available.	3	No preference
By applying for a coaching position (if accepted) you serve at the discremay be removed at any time with or rules of the program and promote go application DOES NOT guarantee	tion of the Recreationa without cause. Further bod sportsmanship at a	I Soccer League Board and r, you agree to abide by the all times. **Submission of this
Signature		_Date
FOR BOARD USE:Acce	pted	Conditions(if any)
Not accepted Date	to.	