



# LAKE SIMCOE SOCCER CLUB

## House League Coach Application

NAME: \_\_\_\_\_ HOME TEL #: \_\_\_\_\_

WORK TEL #: \_\_\_\_\_ CELL TEL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ EMAIL \_\_\_\_\_

Team applying to coach: (Please circle age and gender) GIRLS BOYS

U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18
2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995

Team Name requesting to Coach \_\_\_\_\_

### COACHING QUALIFICATIONS (If applicable)

Please list all coaching certificates received to date

Certificate	Date	Number

### PREVIOUS COACHING EXPERIENCE (if applicable)

Please list teams coached over the past 3 years (i.e. house league, select, competitive, other)

Year	Age Group	League	Club

<i>For Office Use Only</i>	<i>Date Application Received</i> _____	
<i>Reviewed by:</i> _____	<i>Date Approved:</i> _____	
<i>Approved By:</i> _____	<i>Name of Team</i> _____	
<i>Rules and Regs Given:</i> Yes      No	<i>Date Given</i> _____	