



Cheyenne Soccer Club Competitive Team (Sting) Coach Application Form

Name _____ Home Phone _____
Date of Birth _____ Cell Phone _____
E mail _____ Work Phone _____

Address _____
City _____ State _____ Zip _____

Position		Team Gender		Level	
Coach <input type="checkbox"/>	Assistant <input type="checkbox"/>	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Gold <input type="checkbox"/>	Black <input type="checkbox"/>

Age Group							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U11	U12	U13	U14	U15	U16	U17	U18

COACHING LICENSE(S) and date taken:

Please include copy of license (s).

COACHING EXPERIENCE: (Include age level and number of seasons)

COACHING EDUCATION: Workshops, seminars, courses taken in addition to license courses:

Would you consider coaching a different age group or gender? Yes No

- I have read and understand this application and agree that my answers are truthful and complete to the best of my ability.
- I understand that coaching a youth team requires a large time commitment and feel that my family, job etc... allow me sufficient time to dedicate to the team.
- I understand that I may be required to interview in person with the Coaching Committee prior to final approval as a coach.
- I understand and agree that submission of this application alone does not guarantee that you will be assigned a team

All applicants are required to complete a Volunteer Disclosure Statement before position is confirmed:

<http://www.wyomingsoccer.com/Resources/Forms/New.VDS.Registration.3.pdf>

Signature: _____

Date: _____