



FC CLOVIS COACHING APPLICATION

CYSA ONLINE ADULT RELEASE REQUIRED IN ADDITION TO THIS FORM

Please print

NAME _____

ADDRESS _____

HOME PHONE _____

E-MAIL _____

OCCUPATION _____

PLACE OF EMPLOYMENT _____

MARRIED___ SINGLE___

DO YOU HAVE ANY HEALTH CONDITIONS YOU WISH THIS PROGRAM TO BE AWARE OF___

DOB _____ COACHING LICENCE (CIRCLE ONE) A B C D E/D E F GK

WHICH AREA ARE YOU WISHING TO COACH ?

(CIRCLE ONE) RED(CW) BLUE(BHS) GOLD(CHS) BLACK(CN) GREEN(CE)

(CIRCLE ONE) U-14 U-16 U-19 (CIRCLE ONE) BOYS GIRLS

(CIRCLE ONE IF APPL) CORE TEAM FROM JUNIORS ENTERING RETURNING FC CLOVIS CORE
EST NUMBER OF PLAYERS _____

(WRITE ON REVERSE, OR ADD ATTACHMENT AS NECESSARY FOR ANY OF BELOW)

WHAT IS YOUR COACHING PHILOSOPHY

PLEASE LIST COACHING HISTORY THIS SHOULD INCLUDE ANY ASST. POSITIONS

PLEASE LIST YOUR PLAYING HISTORY IF APPLICABLE

PLEASE LIST ALL CLUBS YOU HAVE AFFILIATED WITH AND REASON FOR LEAVING.