



Ceres Youth Soccer  
PO Box 804  
Ceres, CA 95307  
209-538-8421  
www.cysosoccer.com

## Bill Meyer (Mini Season) Coaching Application

All mini-season coach applicants must be currently coaching a CYSO team. Complete this form and submit or mail to Ceres Youth Soccer Organization Attn: Coach Coordinator by **September 30**. CYSO reserves the right to NOT consider late applications.

### I. TEAM PREFERENCE

Age group \_\_\_\_\_ Boys or Girls

### HEAD COACH PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Current Age Group: \_\_\_\_\_ Current Team Number: \_\_\_\_\_

How many years have you coached youth soccer \_\_\_\_\_

How many years have you coached Ceres Youth Soccer? \_\_\_\_\_

Do you have a coaching license? Yes or No (Please attach photocopy)

Do you have a current referee license? Yes or No (Please attach photocopy)

### II. ASSISTANT COACH PREFERENCE (if known)

Name \_\_\_\_\_

Current Age Group: \_\_\_\_\_ Current Team Number: \_\_\_\_\_

How many years has he/she coached youth soccer? \_\_\_\_\_

How many years has he/she coached Ceres Youth Soccer? \_\_\_\_\_

Does he/she have a coaching license? Yes or No (please attach photocopy)

Does he/she have a current referee license? Yes or No (please attach photocopy)

I agree that the information provided herein is correct and complete to the best of my knowledge.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_