

PERRYSBURG SOCCER CLUB COACH APPLICATION

Check One:

HEAD COACH

ASSISTANT COACH

HEAD or ASSISTANT

Name: _____ Your Age: _____

Address: _____

City / State / Zip: _____

Telephone number(s): Home _____ - _____ - _____ Work _____ - _____ - _____

Team in fall of: _____ Circle One: U8 U9 U10 U11 U12 U13 U14 or U__ Boys or Girls

Years a resident of Ohio: _____ May we perform a background check? Yes / No

Coaching License: _____ Social Security Number: _____

Describe your Coaching experience (you may include sports other than Soccer).

Are you related to any candidate for the team you are applying? Yes / No

If yes, how are you related? _____

If no, explain you interest in coaching this team? _____

Applicant's Signature: _____ Date: _____

Perrysburg Soccer Club Officers' Approval: Requires current President and one other Officer or the three remaining Officers without the President.

Date Approved: _____

President – John Stout

Vice President – Eric Stegman

Secretary – Dave Dewey

Treasurer – John Brown