



Coaching Staff Registration Form

Name _____
 Address _____
 Town _____
 Postal Code _____

Phone Number _____ Date of birth: _____ Month | Day | Year

Center Registering with for 2008 _____

Coached House League in 2008 **YES** **NO** Doing?: **Coach** **Asst coach** **Manager**

Permission to post contact information on the Sun County Soccer League web site (circle one) **YES** **NO**

Experience

Number of Years Coaching House League: _____ Club: _____

Number of Years Coaching Competitive/Travel: _____ Club: _____

Number of Years Playing Competitive/Travel: _____ Club: _____

Completed Soccer Coaches Clinic Year: _____ Level _____

References: List three including name, address, telephone and relationship (please include 2 of the following: neighbor, work, relative, religious)

1	2	3

Other Volunteer work: List organizations address and Phone Number

Reason for Being on a Coaching staff on a Sun County Soccer League Team:

Privacy Disclaimer: Sun County Soccer League respects your privacy. Your personal information will be protected and will only be used by the Sun County Soccer League and our house league affiliates for our internal administrative purposes.

I hereby give my permission to use the above information for administrative or legal reasons.

Signature _____ Please Print _____	Internal use only: Police Check Received: Yes No Reference Check Yes No
---	--