

2020 Volunteer Youth Soccer Coach Information Form

FIRST NAME:	LAST NAME:
ADDRESS:	CITY, ZIP CODE:
EMAIL:	WORK PHONE: ()
HOME PHONE: ()	CELL PHONE: ()
Can you be called at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are on Facebook, what is your Facebook name?	
T-Shirt size: (Adult Sizes) S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/>	

Please list your children playing in the Clintonville Youth Soccer League this fall.

Child Name	Age as of 9/1	Willing to be a Head Coach ?	Willing to be an Asst. Coach ?	Name of Head Coach to Assist

If you have a preference regarding coaching one age group, please list age here _____.

Age Groups: **U6** (4k – 1st grade) **U9** (2nd – 4th grade) **U13** (5th – 8th grade)

Please give us details below regarding your interest in coaching.
