

YOUTH SOCCER COACH INFORMATION FORM

Coaches Name: _____

Address: _____

Phone: Primary _____ **Secondary** _____

E-mail Address: _____

1. Indicate interest:
 Head Coach _____ Assistant Coach _____
 No Preference _____

2. Division:
 _____ K-1 Boys _____ Gr 2-3 Boys _____ Gr 4-5 Boys _____ Gr 6-8 Boys
 _____ K-1 Girls _____ Gr 2-3 Girls _____ Gr 4-5 Girls _____ Gr 6-8 Girls

3. Please list any assistant coaches

 Name: _____ Phone: _____
 Email: _____

 Name: _____ Phone: _____
 Email: _____

Practices are one hour per week on either Mon/Wed or Tue/Thur. If you would like to schedule different days or would like just one 90-minute practice per week, please indicate via email.

<u>Parks Available</u>	<u>Times Available</u>			<u>Days</u>	
Autumn Ash Park	4:00	5:00	6:00	M/W	T/Th
Cross Ridge Park	4:00	5:00	6:00	M/W	T/Th
Waneka Lake Park	4:00	5:00	6:00	M/W	T/Th
Whitetail Park	4:00	5:00	6:00	-----	T/Th
Cherrywood Park	4:00	5:00	6:00	M/W	T/Th
Yarrow Park	4:00	5:00	6:00	M/W	T/Th
LaMont Does Park	4:00	5:00	6:00	M/W	T/Th

City Park will not be available due to previously scheduled programs

- | | <i>Park</i> | <i>Time</i> | <i>Days</i> |
|----|--------------------|--------------------|--------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

PRIORITY GIVEN TO FORMS RECEIVED EARLIEST – DO NOT HESITATE