

COACH APPLICATION

JUNEAU SOCCER CLUB 2009/2010 SEASON

Mail to: JSC P.O. Box 34837 Juneau, Alaska, 99803

Attn: Competitive Team Committee Chair

TEAM GENDER: _____ TEAM AGE DIVISION: _____ DATE: _____

TOURNAMENT(S): STATE CUP _____ OTHER: _____

TEAM HEAD COACH:

Name: _____ Telephone:(w) _____ (h) _____ (c) _____

Address: _____ Email: _____

USSF License Level: _____ Experience: _____

Policy/Philosophy: _____

(Please attach additional pages if needed)

TEAM ASSISTANT COACH:

Name: _____ Telephone:(w) _____ (h) _____ (c) _____

Address: _____ Email: _____

USSF License Level: _____ Experience: _____

TEAM MANAGER:

Name: _____ Telephone :(w) _____ (h) _____ (c) _____

Address: _____ Email: _____

AS HEAD COACH OR MANAGER OF THE ABOVE JSC CLUB TEAM, I HAVE READ AND UNDERSTAND THE JUNEAU SOCCER CLUB'S "CLUB TEAM REQUIREMENTS" DOCUMENT. BY SIGNING THIS APPLICATION FOR CLUB TEAM MEMBERSHIP, I ACKNOWLEDGE AND AGREE TO ABIDE BY THE WRITTEN REQUIREMENTS.

Head Coach Name: _____ Date: _____

Manager Name: _____ Date: _____

Approved by: _____ Date: _____