



EXETER-WEST GREENWICH YOUTH SOCCER ASSOCIATION
“STRIKERS” DEVELOPMENTAL / COMPETITIVE COACH'S APPLICATION 2018-2019
(ALL COACHES AND TEAMS SUBJECT TO EXECUTIVE COMMITTEE SELECTION)

NAME:	DATE:
Address:	home phone: _____ cell phone: _____
email: _____	

COACHING HISTORY (Please list team(s) you have previously coached or assistant coached. Include age group, gender and note recreational and/or competitive program. List N/A if never coached):

SPECIFIC AGE/GENDER GROUP PREFERENCE *(Assignment dependent on executive committee decision):*

Girls: **U8G U9G U10G U11G U12G U13G U14G U15G U16G U19G**

Boys: **U8B U9B U10B U11B U12B U13B U14B U15 U16B U19B**

Are you interested in an ACADEMY or COMPETITIVE team?

CERTIFICATION NATIONAL: A B C D E **STATE:** LEVEL 1 2 3 4

What Association are you currently a member of?

Upon being selected as coach, I agree to strictly adhere to the EWGYSA “Developmental / Competitive Rules and Regulations”.

Applicant’s Signature: _____

EXECUTIVE COMMITTEE APPROVAL: YES NO TEAM ASSIGNED: _____

DIRECTOR’S SIGNATURE: _____

EXECUTIVE COMMITTEE MEETING DATE: _____