



Coaching request form

COACH *ASSISTANT COACH* (circle one)

Division: _____

Name: _____

Address: _____

City: _____

Phone number: _____

EMAIL address: _____

Your child/children's name: _____ Age: _____

Are you planning to coach more than one team for Westfield FC? Yes _____ No _____

If so, What
division _____

In the fall, are you coaching another sports team in another league? Yes _____ No _____

If you are planning on coaching with or assisting someone else, please print their name:

*All coaches must have a CORI check completed by Westfield FC. Thank you!