

Galveston County Youth Soccer Competitive Coaching Application

Contact Information

Name _____
Street Address _____
City, ST, ZIP Code _____
Drivers License# & State _____ Date of Birth _____
Home Phone _____
Cell Phone _____
Pager _____
E-Mail Address _____

Coaching Experience

Years of soccer coaching experience ____ Playing Experience Level _____ Years _____
Coaching License Level: (**Attach Copy**) _____
Other Information: _____
Have you ever held any board positions? ____ If yes, which position? _____
Have you ever been denied a coaching position? ____ If yes, why? _____
Service to the Club _____
What team, age group, or gender do you want to coach? _____
What team, age group, or gender did you coach last year? _____

Agreement and Signature

If accepted I agree to all of the rules set by the current board of directors of GCYS

Name (printed)

Signature

Date

Competitive Committee Use Only

Date Received _____

Recommended ____ Not Recommended ____

Members _____

Board Use Only

Approved ____ Denied ____

Board Members _____

