

Saratoga-Wilton Youth Soccer Club
2008-2009 Coaching Application Form

Name: _____

Address _____

Email _____

Phone (H) _____

Phone (C) _____

Licenses:

USSF

NSCAA

A

Premier

B

Adv National

C

National

D

National Youth

E

Regional Diploma

Other: _____

Coaching Experience:

Year

Team

Position Held

Playing Experience:

Year(s) __ Location and Level

_____	_____
_____	_____
_____	_____

At what level do you desire to Coach? Please indicate 1st, 2nd and 3rd choice

	Boys	Girls
U8	_____	_____
U10	_____	_____
U12	_____	_____
U14	_____	_____
U16	_____	_____
U17+	_____	_____

The Saratoga Wilton Youth Soccer Club is committed to quality soccer through quality coaching. As a member of the Coaching Staff at SWYSC you will be asked to attend Coaching Courses and/or Continuing Education Seminars. The club will pay for these courses.

CDYSL requires that every coach pass a Background Investigation check. If you have not completed this background check in the past 2 years please go to their website (www.cdysl.org) and complete the process. SWYSC will reimburse the fee (Approx. \$12.00). Print out the receipt for reimbursement.

Please return this **completed** form to:

Ray Bobbitt
72 Cobble Hill Drive
Wilton, NY 12831