

Brantford City Soccer Club
Competitive Coaching Application

Please fill out this application and email it to: bcsc@bellnet.ca

Full Name: _____

Residential Address: _____

City of Residence: _____ Postal Code: _____

Preferred Telephone # for Contact: _____ Birthdate: _____

Email Address (Will be used for all club correspondence):

Age group you wish to coach: (please circle one each of: age division and gender)

U8, U9, U10, U11, U12, U13, U14, U15, U16, U17, U18

Boys

Girls

Do you anticipate having a family member on the team? _____

Did you coach last year? _____

If yes, for what club(s): _____

Number of years you have coached: _____

Have you ever played organized soccer? _____

If yes, what was the highest level played: _____

List all Certification Levels or NCCP number: _____

References:

1. Full Name: _____

E-mail: _____

2. Full Name: _____

E-mail: _____

3. Full Name: _____

E-mail: _____