



Innisfil Stampeders Soccer Club

Box 7126, Innisfil, ON L9S 1A9

Phone: (705) 431-4516 fax: (705) 431-4517 web:www.innisfilsoccer.ca

HOUSE LEAGUE TEAM COACHING APPLICATION

Name: _____
Address: _____ City: _____ Postal Code: _____
Phone: (Home) _____ (Business) _____
E:Mail: _____

TEAM APPLYING FOR

1st Choice

Age Division: _____ Girls _____ Boys _____

2nd Choice

Age Division: _____ Girls _____ Boys _____

Do you have a child playing – if so, please fill in the following:

Child's Name: _____ Male ___ Female ___ Birth Date: _____

COACHING INFORMATION

Preferred Coaching Position:

Head Coach Assistant Coach Age Group: _____ Gender: M F

Coaching Certification(if applicable): _____

Would you be interested in attending any Coaching Clinics: Level 1 Level 2

PERSONAL REFERENCES:

- Name: _____ Telephone: _____
Address: _____
- Name: _____ Telephone: _____
Address: _____

REQUIREMENTS:

1. A photocopy of your coaching levels attached to this application, if applicable.
2. Any written personal references may be attached.
3. A personal interview may be required,

I have reviewed and agreed to the role and position (as defined) and have accurately completed this application and understand that the above references may be contacted.

Signature: _____ Date: _____

For Club Use Only	
	Date Received/Completed
Application	

Photocopy of qualifications	
Personal Reference Check	
Interview (if required)	