



SOUTH SIMCOE UNITED
REP TEAM COACHING APPLICATION
2010 Outdoor Season

Name: _____ Birth Date: _____ / _____ / _____
Day month year

Address: _____ City: _____ Postal Code: _____

Phone: (Home) _____ (Business) _____ E-Mail: _____

THE TEAM YOU WOULD LIKE TO COACH

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

Present Coaching Certification: _____ Certification No.: CC _____

Note: Requirement for Rep Coaches is OSA Senior Level/Level III Technical.

Coaching History (Experience, Awards): _____

Playing History (Teams, Leagues, etc.): _____

What are your coaching goals? _____

NOTE: Rep Coaches MUST attend monthly technical meetings.

Upon signing, I _____ if selected to coach, agree to abide by the
Rules and Regulations set out by the South Simcoe United FC Program. (Please read revision on website)

Signature: _____

SUBMIT APPLICATIONS BY AUGUST 31th, 2009

(You may, or may not be called for an interview if you have been coaching a team previously and are in good standing with the Club)