



# Puget Sound Slammers

P. O. Box 3147 – Lacey, WA 98513 — (360) 867-4877

Affiliated with US Club Soccer

www.pugetsoundslammers.org

## Application For Coaching

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail address \_\_\_\_\_

Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_

Coaching position Desired Boys  Girls  Age Level \_\_\_\_\_

Risk Management Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Application Information

#### 1. TRAINING and LICENSES

- a. Circle Highest USSF Coaching License      None    A    B    C    D    E    F
- b. I am planning to obtain an A, B, or C license this year.  Yes  No
- c. Clinic location and year licensed \_\_\_\_\_
- d. Additional coaching training (other sports, fitness, psychology, motivation, etc.)
- \_\_\_\_\_
- \_\_\_\_\_

#### 2. COACHING EXPERIENCE

- a. Number of years you have coached      Boys \_\_\_\_\_ Girls \_\_\_\_\_
- b. Oldest age level you have coached      Boys \_\_\_\_\_ Girls \_\_\_\_\_
- c. Leagues and associations you have coached for:

Affiliation/League	Location	Level	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

