



MERCED YOUTH SOCCER ASSOCIATION

A non-profit 501(c)3 corporation for organized youth soccer - EIN: 94-2626228

P.O. BOX 703 MERCED, CA 95341

(209)384-2417

www.mercedyouthsoccer.com

COACHING SIGN-UP

All coaching assignments subject to Board approval

HEAD COACH

Name _____ Home Phone # _____ Work Phone # _____

Address _____ Message/Alternate # _____

City _____ Zip Code _____ E-mail _____

Age Group to coach: (circle one)

UNDER :	6 girls	6 girls	
	8 girls	8 boys	18 co-ed
	10 girls	10 boys	
	12 girls	12 boys	
	15 girls	14 boys	

ASSISTANT COACH

Leave blank if none

Name _____ Home Phone # _____ Work Phone # _____

Address _____ Message/Alternate # _____

City _____ Zip Code _____ E-mail _____

PLAYERS

Coach's Player Name _____ Birth date _____

Asst Coach's Player _____ Birth date _____

Sponsor's Player _____ Birth date _____

Comments _____

SPONSOR

I would like to coach for: (Leave blank if no preference)

Business Name _____ Contact Person _____

Address _____ City _____ State _____ Zip _____

Business Phone _____

COACH INFO

1) What is your coaching experience (years, divisions, last team coached, etc.)? _____

2) What coaching license do you hold? _____ (F,E,D/E, etc.)

Signature _____ Date _____

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