



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

mercedyouthsoccer@hotmail.com

WINTER TEAM COACHING APPLICATION

NAME	ADDRESS	CONTACT #'S
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What gender and age group are you interested in coaching?

Gender: Boys Girls
 Age Group: 10 11 12 13 14 15 16 17 18 19

What current coaching license do you hold?

F E E/D Other _____

What Referee License level do you hold? _____

Is your Referee License current? Yes No

If no, when will you receive license? _____

Merced coaches are all volunteers and are not paid. There is a possibility of a lot of travel in our district. Do you still agree to coach?

Yes No

Have you ever been placed on probation or suspended from coaching? Yes No

If yes, please explain:

How many years have you been coaching? _____ Briefly describe your coaching experience and what your specific qualifications are for the age group for which you are applying:

Please describe your most current coaching experience and results (team, age group, record, etc.):

Please use back of sheet if you wish to add more information

Submit application BEFORE October 1st :

Submit in person to Competitive Coordinator, electronically to MercedYouthSoccer@Hotmail.com, or mail to:

MYSA
 attn: Winter Team Coaching
 P.O. Box 703
 Merced, CA 95341