

**SKY RIVER SOCCER CLUB
SELECT COACHING APPLICATION- 2018**

This form is only for candidates wanting to coach at the Select level of competition.

Name: _____ Phone: (____) _____

Address: _____ Alt Phone: (____) _____

City: _____ State/ Zip: _____

DOB (required by WYS: _____ WYS RMA # _____

Email: _____

Years of Coaching: Competitive _____ Recreational _____

Coaching license (please circle highest level achieved): F E D C B A

Are you willing to attend additional clinics as the Club deems appropriate? Yes No

I understand failure to attend these clinics may result in my removal as coach. _____ (initials)

As a coach for the Sky River Soccer Club I agree to abide by all Club Policies and By-laws. _____(initials)

Team you are applying for: __Girls __ Boys Age: U____

Are you a returning coach for this team? __ yes __ no

Name of last years assistant (if applicable) _____

Please describe your soccer/coaching experience and why you would like to coach a Sky River Select team: _____

References (please include phone numbers, min of two (2)).

Per WYS requirement all coaches must have a RMA/Background Clearance completed each year. The club will provide you with this application as needed.

Please return application no later than **April 30, 2018** to:

**Sky River Soccer
(Attn: Select Coaching Application)
PO Box 593
Monroe WA 98272**

For Club Use Only: Reviewed 1. _____ 2. _____ 3. _____
____ approved ____ disapproved Applicant contacted _____