



Coaching Application Form 2010

Name: _____ D.O.B. _____

Address: _____
_____ Postal Code: _____

Tel.Home: _____ Tel. Work: _____

Email: _____ Fax: _____

Coaching Levels: _____ OSA Number: _____

Coaching Experience: _____

Playing Experience: _____

Team/Club Coaches Previous Season: _____

Age Group/Team Desired: 1st _____
2nd _____

Police Check: Required Already Have

Reference: Name Phone Number

1. _____

2. _____

3. _____

If selected, will you participate in the Blazers Coach Development Program? Yes No

If selected as a coach of a Blazers' team, I agree to abide by the Blazers By-laws, Code of Conduct and the Seaway Valley Soccer Club's constitution. As part of the selection process, I also agree to submit to the Blazers volunteer screening policy. Furthermore, I agree to such decisions as may be made during the season by the Executive Committee of the Blazers.

SIGNATURE: _____ DATE: _____

Return to: Arie Daalder
Phone: 613-346-2483
Email: ariedaalder@sympatico.ca