

BARRIE SOCCER CLUB

REP TEAM COACHING APPLICATION 2009 Outdoor Season

Name: _____ Birth Date: _____ / _____ / _____
Day month year
Address: _____ City: _____ Postal Code: _____
Phone: (Home) _____ (Business) _____ E-Mail: _____

THE TEAM YOU WOULD LIKE TO COACH

1st Choice

Age Division: _____ Girls _____ Boys _____

2nd Choice

Age Division: _____ Girls _____ Boys _____

Do you have a child playing – if so, please fill in the following:

Child's Name: _____ Male _____ Female _____ Birth Date: _____

COACHING INFORMATION

Present Coaching Certification: _____ Certification No.: CC _____

Note: Requirement for Rep Coaches is OSA Senior Level/Level III Technical.

Coaching History (Experience, Awards): _____

Playing History (Teams, Leagues, etc.): _____

What are your coaching goals? _____

NOTE: Rep Coaches MUST attend technical meetings scheduled by the Club Head Coach.

I _____ have read the Rep Program Rules and Regulations set out by

The Barrie Soccer Club. (available on the website www.barriesoccer.com) If selected to coach, I agree to abide by them.

Signature: _____

SUBMIT APPLICATIONS BY AUGUST 1st, 2008

(You may, or may not be called for an interview if you have been coaching a team previously and are in good standing with the Club)

P O Box 20084, Barrie, ON, L4M 6E9 – (705) 739-7844 – Fax (705) 739-3534