



BLAINE SOCCER CLUB 2010 TRAVEL COACH APPLICATION

First Name Middle Name Last Name

ID #: (MYSA # on coaches Pass)

Address City/State: Postal Code

Home Telephone Work Telephone Cell Telephone

E-Mail: _____ Birth date: ____ / ____ / ____

COACHING QUALIFICATIONS

MYSA/USSF (list qualification and year(s) completed) _____

NSCAA (list qualification and year(s) completed) _____

Other (list qualification and year(s) completed) _____
(Attach a copy of any and all of the above)

COACHING PREFERENCE:

Gender _____ Age Group _____ Level _____ Head Coach or Assistant Coach (circle)

COACHING EXPERIENCE:

SOCCER PLAYING

EXPERIENCE: _____

SIGNATURE: _____ Date: _____

Return forms to – Blaine S.C, PO Box 49043, Blaine, MN 55449 (Fax 763-792-7365) by July 31, 2009

Please note – Travel coaches are expected to attend club sponsored coach education sessions from time to time. Coaches who do not wish to attend these sessions need not apply.