



# BLAINE SOCCER CLUB 2015 TRAVEL COACH APPLICATION

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
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 490043, Blaine, MN 55449 (Fax 763-792-7365) by June 20, 2014**

**Please note – Travel coaches are required to attend club sponsored coach education sessions, courses and or coach meetings from time to time.**