

LANCASTER DEPEW SOCCER CLUB

TRAVEL SOCCER - INTENT TO COACH FORM

(Please complete information below and return to: Chuck Marino, 45 Stream View Lane, Lancaster, NY 14086)

New Coach Returning Coach Season 2010

COACH NAME _____

DATE OF BIRTH _____ AGE _____ PHONE # _____

ADDRESS _____ CELL# (optional) _____

_____ E-MAIL _____

COACHING EXPERIENCE

COACH LICENSE (S) HELD _____ DATE COMPLETED _____

HAVE YOU COACHED TRAVEL SOCCER ___ YRS. WHERE _____

WHEN _____ AGE/GENDER _____ DIVISION _____

HAVE YOU COACHED RECREATIONAL SOCCER _____ YRS. WHERE _____

WHEN _____ AGE/GENDER _____ DIVISION _____

LIST RELATED OTHER TRAINING YOU HAVE HAD:

Note: ALL coaches are required to complete a coaching licensing course by year (2) of coaching a LDSC Travel Team. The club will reimburse the cost of the licensing course with prior approval.

COACHING INTENT: (Please list the age, gender, and division you are interested in coaching within the LDSC Organization)

AGE/GENDER _____ DIVISION _____ Note: Intent is to keep current core and evaluate team to make any adjustments – if necessary

WILL YOU SUBMIT TO A NON-DISCLOSURE BACKGROUND CHECK: YES NO

COACH SIGNATURE _____ DATE _____

The Coach Evaluation and Development Committee and the LDSC Board prior to coaching any LDSC Travel Team must approve all Coaches

LDSC USE ONLY

Coach Evaluation Travel Director Recommendation
LDSC Board Recommendations

Approved Declined
Approved Declined

(Place all comment on back of this form)