



COMPETITIVE COACH APPLICATION



YEAR: _____ SEASON: _____

(PLEASE PRINT)

COACH INFORMATION

COACH'S NAME: _____
STREET ADDRESS: _____
CITY: _____ ZIP CODE: _____
CELL PHONE: _____ WORK PHONE: _____
HOME PHONE: _____ EMAIL: _____

TEAM INFORMATION (Team applying for)

GENDER (B or G): _____ AGE OF TEAM COMING SEASON (e.g. U9, U10, U11, U12, U13, U14): _____

IF THIS IS AN EXISTING SIGNATURE TEAM ANSWER THE FOLLOWING:

of Returning Players: _____ # of New Players: _____ # of Players Returning to Rec: _____

COACHING EXPERIENCE

YEARS COACHING: Total: _____ (Recreation: _____ Signature: _____ Club/Other: _____)

CURRENT COACHES LICENSE LEVEL: _____ (Minimum E License required)

Team Information of last teams coached (Level: Rec/Signature/Club/Other):

Year: _____ Level: _____ Gender: _____ Age/Div: _____

Year: _____ Level: _____ Gender: _____ Age/Div: _____

Year: _____ Level: _____ Gender: _____ Age/Div: _____

Brief soccer history as coach, player or referee:

Add attachment if you would like to provide additional information.

Please read the following and acknowledge by initially after each statement.

I am required and will have at least one assistant coach with a minimum F license:

I am aware that at least a year commitment is desired.

I am aware that this application does not guarantee that I will be selected.

I am aware that my team and I are expected to participate in all Association and Club-wide activities and events.

I understand that coaching in LMSA/LMFC is a privilege and that I am required to follow all LMSA/LMFC,

Cal South and CSL rules, regulations and codes of conduct.

I understand that this application must be submitted to the Director of Club / Training.

Candidate's Acknowledgment and Acceptance:

Signature: _____ Date: _____

(Initial)

(If possible hand-deliver or if mailed send to: LMFC Director of Club / Training PO Box 1481, La Mirada, CA 90637-1481)