

Raynham Youth Soccer

P.O. Box 526, Raynham Center, MA 02768

Coach Application Form

Date: _____

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

D.O.B. _____ (Must be at least 18 years old to be a head coach)

I wish to be: (please circle all that apply)

Head coach

Assistant coach

Boys

Girls

U7

U8

U10

U12

U14

HS

Please describe your coaching experience: _____

List any coaching licenses held: _____

List any coaching clinics attended: _____

Please be advised that all coaches and assistant coaches involved with Raynham Youth Soccer will be registered with Mass Youth Soccer, which conducts CORI (criminal background) checks on all coaches.