Haverhill PAL Soccer

Travel Coaching Application for 2010 - 2011

First Name: _____ Last Name: _____

Address : _____

City : _____ State:_____ Zip Code: _____

Phone : _____

Cell Phone: _____

email : _____

Date of Birth: _____

CORI KID SAFE: Must provide the email confirmation from Mass. Youth Soccer.

Current License: _____ _____
State (MA) National

Clinics Attended: _____

Past Coaching Positions/Experience: _____

Playing Experience: _____

Indicate Team of Interest with an X										
Age Bracket	U9	U10	U11	U12	U13	U14	U16	U18	U19	No Preference
Girls										
Boys										
Indicate Position of Interest with an X										
Head Coach										
Asst. Coach [1]										

Notes:

1 The Head Coach chooses his assistant coach if desired. This information will be made available to all applicable Head Coaches.
2 Head Coaches must be capable of transporting portable goals, 8Ft long x 13" diameter
3 Head Coaches must be capable of lifting 65Lb.

Selected Coaches, Assistant Coaches, Team Managers and other volunteers agree to follow all Haverhill PAL rules and regulations. Agree to read and follow the ECYSA Operational Rules.

Please Return to Mike Cryan, email: cryanmr@aol.com, no later than May 1, 2010

M. Cryan
16 Indian Rock Road
Haverhill, MA 01832