

SACYSL 2009-2010 Coaching Application

Complete this application form entirely for each team you wish to apply for as a coach or assistant coach. This application is for league use only.

Note: Please submit a wallet size photo.

Mail application to: SACYSL, P.O. Box 1536, San Leandro, CA 94577.

Last Name: _____ First Name: _____

Address: _____ City _____

State/Zip: _____ Home # _____ Cell # _____

Email _____

Coaches License: _____yes _____No [Provide a copy of your coaches license]

If yes, please circle what level license:

F E E/D C B A

Team Request

I want to coach:

Boys _____ Girls _____ Age Group – U _____ House _____ Competitive _____

I want to be an assistant coach:

Boys _____ Girls _____ Age Group – U _____ House _____ Competitive _____

I want to be an assistant coach for a specific coach: _____

If you want to coach your child or a relative please list his/her full name: _____

Past coaching experience: _____

Website: www.sacysl.com or call (510) 276-SOCR

