



INTERCITY COACHING APPLICATION

Division 1, Division 2

2015-2016

Please complete the following and return to:

St-Lazare /Hudson Soccer Club

CSSL / SLSC, 1850 des Loisirs, Saint-Lazare, J7T 3B4

Name: _____

DOB : YYYY _____ MM _____ DD _____

Address: _____ **City:** _____

Postal Code: _____

Phone: _____ **Cell:** _____

Email: _____

Team you are applying for? 1st choice _____ 2nd choice _____

Provide details of coaching history :

Provide details of playing history:

Other sports you have coached:

Coaching Education: (Circle all applicable)

S2 (children) S3 (youth) S7 (senior) DEP Provincial B

National B National A Others _____

Theory 1 Theory 2 Theory 3

Signature _____ Date _____

* Selection of coaches is made in accordance with polices and procedure of St-Lazare/Hudson Soccer Club. Completion and submission of this application does not result in automatic acceptance or successful selection of the person applying to coach.

For more information please contact: Jennifer Moore (dg@slhsoccer.com)