SELAH FOOTBALL CLUB COACHING APPLICATION

All applications must be submitted to the Club Registrar for selection no later than April 1, 2009
Mail completed form (postmarked or e-mailed by April 1, 2009) to:
Selah Football Club, Attn: Club Registrar 216 South 1st Street, Selah, WA 98942

NAME:	DATE:	
ADDRESS:	PHONE:	
CITY:	E-MAIL:(Required for WSP Background Check)	
DOB:		
I AM INTERESTED IN COACHING OR ASSI (Please check the appropriate position, team gen		AM(S):
<u>POSITION</u>	BOYS/GIRLS	AGE GROUP
☐ HEAD COACH	□ BOYS	□ U5/6 □ U7/8 □ U9
☐ ASSISTANT COACH	☐ GIRLS	□ U10 □ U11 □ U12
Soccer Coaching Experience: (List or at	tach resume)	
SOCCER EDUCATION Highest USSF License (Check box and a List clinics, symposiums: Involvement in (List Clubs):	attach copy):	C D D E DF DG
Reasons for wanting to Coach: (use sep	parate sheet if necessary)	
Please submit copies of your highest attained lic be considered as part of the application process. coaching positions. Any applications received a	All coaching applications received by t	he April 1 st deadline will be considered for
Please review the current travel policy prior to so I have read and understand the trav	ubmitting the application and confirm: yel policy as established by Selah Footb	all Club: (please initial)
Note: The current travel policy is available via t	he Selah FC web site at www.selahfc.co	om
RECEIVED BY:		DATE: