



**Ilderton & District Soccer Club**

**2011 Coach Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Preferred Coach Position: \_\_\_\_\_

Under \_\_\_\_\_  
(Age Group)

- House League
- Competitive\*

- Girls
- Boys

*\*ALL competitive coaches must have valid certification in accordance with Ontario Soccer Association regulations. IDSC will fund certification clinics for successful applicants.*

Prior Coaching Experience: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please tell us why you are interested in coaching this particular team:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date