

EBYSA TRAVEL COACH APPLICATION/LETTER OF INTEREST

NAME: _____ TELEPHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

COACHING PREFERENCE(S)

1ST AGE GROUP: _____ BOYS/GIRLS: _____ DIVISION: _____

2ND AGE GROUP: _____ BOYS/GIRLS: _____ DIVISION: _____

1. Number of General Meetings attended in the last year. _____
2. Names of 2 coaches you have coached with in the past. Please include phone numbers

1.) _____ 2.) _____

3. Do you currently have a child registered with EBYSA, who you would be interested in coaching? If yes, please indicate the child's name, DOB, gender, and current coach.

YES _____ NO _____

CHILD'S NAME _____ GENDER _____

DOB _____ CURRENT COACH _____

4. Please circle the highest Mass Youth Soccer coaching license that you currently hold, if any.

G F E D C B A

5. **Coaching Experience.** (Please give actual Year(s)).

6.

Town Fall Rec League _____

Spring Travel League _____

Other Coaching Experience _____

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- 7.) **General Comments.** Please use this section for any additional information which you would care to provide to help EBYSAs with its selection process
- 8.) If you would like to attach letters of recommendation, please feel free to do so.

Signature _____ **Date** _____

Please mail forms back to:

EBYSA
Attn Spring Coaching Application
PO BOX 79
EB, MA 02333