



Blenheim Community Soccer League

Let's have some fun!

SOCCER COACH APPLICATION

Name: _____

Address: _____

Phone: _____

Email: _____

1. Coach's Clinics Completed: (Circle all those that apply)

BCSL

Sun County

OSA

Highest level completed _____

2. Previous soccer experience? No Yes

If yes, what and where? _____

3. What experience do you have with children?

What House League Division would you like to coach:

U5

U7

U9

U11

U13

U15

U18

U25

What Travel Division would you like to coach:

U9

U11

U13

U15

U18

U25

A police clearance is required prior to the start of play.