



PO Box 241
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Coaching Application

Name of Applicant _____
Phone: _____ (h) _____ (w) _____ (other)
Address: _____

The Mission of Glacier United Soccer Club is to provide a competitive youth soccer league for the motivated players of the North Valley area. This league emphasizes a high level of individual skills, team play and sportsmanship. Age appropriate training with quality coaching is fundamental to developing a quality experience for all players.

Age group you wish to coach: _____ Gender: _____
Head Coach or Assistant Coach: _____ Would you consider another age group or gender if you are not chosen for your first choice? _____, which ones? _____

Do you have children playing or expected to play on a Glacier United team? _____ If so, please specify. _____

1. Please describe your Coaching experience:

Recreational: Age Groups/Gender: _____
Number of years/Club: _____
Competitive: Age Groups/Gender: _____
Number of years/Club: _____
Other Coaching Experience: _____

Coaching License Held/Level _____

2. Please describe your soccer playing experience (if any):

