



COACHING STAFF APPLICATION

Blackhills FC
Coaching Application
9429 DELPHI ROAD SW
OLYMPIA, WA 98512

Questions Contact: James Charette
wembleysoccer@comcast.net

NAME:	<input type="text"/>	DATE:	<input type="text"/>	I AM A:	<input type="text"/>
ADDRESS:	<input type="text"/>	CITY:	<input type="text"/>	ZIP:	<input type="text"/>
HOME PHONE:	<input type="text"/>	CELL PHONE:	<input type="text"/>	WORK PHONE:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>	I AM INTERESTED IN COACHING NEXT YEARS:			<input type="text"/>
WYS RISK MANAGEMENT NUMBER :	<input type="text"/>	I AM INTERESTED IN COACHING TWO TEAMS:			<input type="text"/>
HIGHEST COACHING LICENSE ATTAINED:	<input type="text"/>				
OTHER COACHING LICENSE /WORKSHOPS:	<input type="text"/>				
PLAYING EXPERIENCE:	<input type="text"/>	COACHING EXPERIENCE:	<input type="text"/>		
I WANT TO APPLY FOR:	<input type="text"/>	I AM INTERESTED IN COACHING:			<input type="text"/>
REQUESTED COACHING COMPENSATION:	<input type="text"/>				
I AM ALSO INTERESTED IN THESE ADDITIONAL COACHING PROGRAMS:	<input type="text"/>				
ADDITIONAL INFORMATION New Coaches please provide two references, name and phone number:				<input type="text"/>	
RELATED EXPERIENCE:	<input type="text"/>				
What makes you interested in coaching in Blackhills FC?	<input type="text"/>				

Mail or Email completed form.