



MAGIC CITY SOCCER CLUB
APPLICATION TO COACH FORM

DATE _____

By completing and submitting this application to coach for the Magic City Soccer Club, I agree to abide by all the rules, regulations, recommendations, and curriculums directed to me by the Magic City Soccer Executive Board and/or the Director of Coaching (technical director). I agree to attend all coaches meetings and rules clinics, as required by the club. I understand that if I am coaching a competitive team, I will be required to have or obtain minimally an 'E' license before the spring season begins.

I agree to submit any and all personal information (i.e. social security number, driver's license number, previous addresses, etc.) required by the club to conduct a background check.

Applicant's Signature _____ Date _____

Please fill out the following in ink completely and legibly. Previous coaching information will not be forwarded to this form. Attach a copy of your current license. Incomplete forms will NOT be accepted.

CONTACT INFORMATION

FIRST NAME _____ INITIAL _____ LAST NAME _____

MAILING ADDRESS _____

CITY _____ ZIP _____ E-MAIL _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ FAX NUMBER _____

COACHING CREDENTIALS

LAST COACHING COURSE COMPLETED _____

LOCATION _____ DATE _____

YEARS EXPERIENCE-COMPETITIVE _____ YEARS EXPERIENCE-REC _____

LAST CLUB NAME & LOCATION _____

LAST CLUB CONTACT _____

LAST TEAM COACHED-AGE & GENDER _____

TEAM APPLYING FOR-AGE & GENDER _____

Return to: Magic City Soccer Club, P.O. Box 22522, Billings, MT 59104