

PCSI Competitive Coaches Application

Age Group Requested: U _____ Boys _____ Girls _____

Position Requesting: Head Coach _____ Assistant Coach _____

Applicant Information:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone #'s: Home: _____ Cell: _____ e-mail: _____

Birth Date: _____ Age: _____

Highest OSA/USSF Coaching License Level: _____

(D-license holders stipulate National or State)

Year Attained: _____ **Non USSF licenses** (ex. FA/ NSCAA) : _____

NOTE: A copy of your licenses must be attached to this application for consideration. All head coaching positions require the applicant to currently hold a minimum of a State D license. All Assistant Coaching positions require a minimum of a E-Certificate and a signed affidavit committing the applicant to attending a D-License course and successfully obtaining a minimum of a State D license within 365days of submittal of this application. The board may assign a Assistant coach and/or a Approved Trainer to any team at its discretion.

Playing Experience:

Highest Level Played: _____

Last Year Played: _____

Coaching Philosophy: _____

Team Plans: Number of Tournaments to attend: Fall _____ Spring _____

Trainer Information:

Name: _____ **License Level:** _____

Trainer Experience: _____

Signature of Applicant: _____

References: Name: _____ Phone # _____
Name: _____ Phone # _____
Name: _____ Phone # _____

