



EGSA Coaching Application

Name: _____
 Address: _____
 Phone Number: _____
 E-mail Address: _____
 Signature _____ Date _____

The purpose of the selection criteria is to find candidate educated in the game and dedicated to the children involved.

Playing Experience (Cumulative)

- High School Level _____
- College Level _____
- Active in adult league _____

Soccer Coaching Experience with Children

- Recreation Level _____
- Traveling with State pass _____
- Number of years carded as a coach _____
- High School level _____

Coach's License

- No License _____
- F License _____
- E License _____
- D License _____
- C, B, or A License _____
- Coaches Clinics approved by board _____

Referee License

- FIFA Non-active _____
- FIFA active with current badge _____
- High School Varsity Badge _____

Club History

- Active Eligible Voting Member _____
- Current Board member _____
- Previous Board member _____

East Greenwich Resident

- Yes or No _____

Current Status

- Are you coaching another traveling team? _____
- Are there documented Grievances with any league _____

Notes:

1. The EGSA Board of Directors makes all final decisions concerning the selection of coaches.