

CHARIHO Youth Soccer Association

Assistant Coaching Request Form

C.Y.S.A., P.O. BOX 1207, HOPE VALLEY, RI 02832

Age Bracket _____ Division _____

Name of Tournament / Season _____

Location _____

Dates of Tournament _____

CYSA Approved Head Coach Endorsement

Name _____

“I AM REQUESTING THAT THIS APPLICANT ASSIST ME WITH MY TEAM IN THE CAPACITY OF ASSISTANT COACH”

Head Coach Signature _____ **Date** _____

Assistant Coach Information

Name of Applicant _____ Phone #: _____

Address: _____

Email: _____

Number of Years Coaching _____ Coaching License: _____ Level _____

Where / When Obtained _____

Has Applicant Played Organized Soccer: _____ What Level _____

Comments: _____

“I HAVE RECEIVED THE CYSA COMPETITIVE COACHES HANDBOOK, HAVE READ AND UNDERSTOOD ITS CONTENTS, AND AGREE TO COMPLY WITH THE RULES AND CONDUCT SET FORTH THERIN.”

Applicants Signature _____ **Date** _____

FOR LEAGUE USE ONLY

Date Received _____ Date Voted On _____

Vote: APPROVED / DENIED _____ Date Applicant Notified _____

Treasurer Requested to Paid _____ Date _____

Payable To _____

Signed _____ Date _____

COMMENTS: