

# CHARIHO Youth Soccer Association

## HEAD Coaching Request Form

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

Age Bracket \_\_\_\_\_ Division \_\_\_\_\_

Name of Tournament / Season \_\_\_\_\_

Location \_\_\_\_\_

Person to Contact \_\_\_\_\_ Phone # \_\_\_\_\_

USYSA Approved: \_\_\_\_\_ Travel Papers Required: \_\_\_\_\_

Dates of Tournament \_\_\_\_\_

Tournament Fee \$ \_\_\_\_\_ Date Required: \_\_\_\_\_

League Prepayment Requested: \_\_\_\_\_

**Email:** \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Years Coaching \_\_\_\_\_ Coaching License: \_\_\_\_\_ Level \_\_\_\_\_

Where / When Obtained \_\_\_\_\_

Has Applicant Played Organized Soccer: \_\_\_\_\_ What Level \_\_\_\_\_

Intend to take this team to other Tournaments: \_\_\_\_\_

Willing to coach another division: \_\_\_\_\_

Player Selection: Tryouts \_\_\_\_\_ Invitation \_\_\_\_\_ Both \_\_\_\_\_

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 Pay \$ \_\_\_\_\_ Date \_\_\_\_\_

Payable To \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: