



Eastern Ohio Soccer Association for Youth Tournament Coach Application

Date _____

Name _____

Address _____

Age group you would like to coach _____ Girls _____ Boys _____

Home Phone _____ Cell Phone _____

E-mail _____

How many seasons have you been a head coach or assistant coach with EOSAY?

Head Coach _____ Assistant Coach _____

How many EOSAY Tournament Teams have you been a Head Coach? _____ Assistant Coach? _____

Are you active in any other areas of EOSAY other than coaching? _____ Yes _____ No

If yes, please list areas: _____

Do you have any playing experience? _____ Yes _____ No If yes, please explain:

Are you currently a Certified Soccer coach? _____ Yes _____ No If Yes, what level? _____

In the last three years have you been carded or reprimanded for your behavior on the field? _____ Yes _____ No

If yes, give a brief explanation: _____

I hereby certify that the above information is true and correct and that if I am chosen as a Tournament Coach I will abide by all rules and regulations of EOSAY and the tournament in which I will be participating.

Signature: _____ Date: _____

Please email this application to easternohiosay@gmail.com, or hand deliver to Board member.