GREAT NORTHWEST

COACHES APPLICATION

8809 Timberwilde Dr. (210) 681-2983 Hours: Monday through Friday 10:00am to 7:00pm

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Youth SOCCER Fall 2020

Applicants Name: _____

Home Address: _____

Phone: _____

E-Mail Address :_____

Special Request (NOT GUARANTEED): HEAD COACH OR ASSISTANT COACH

Age Group: U6 U8 U11 U13

Time Preference: 5:30-6:30 6:30-7:30 7:30-8:30

Team Name: _____ **Jersey Color(s)** _____/_____
Sock Color _____

Preferred Practice Days (CIRCLE ONE): MON/WED TUE/THU ANY

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1. You are responsible for the uniform size that you indicate. _____Initials.
2. You will be responsible for the cost of the uniform if needed to be reordered due to size error.
_____Initials.

Circle One: **MALE** or **FEMALE** Shirt Size: Y/SM Y/MED Y/LG A/SM A/MED A/LG A/XLG A/XXL

The Great Northwest promotes good sportsmanship and will not condone unsportsmanlike behavior. As a parent, coach spectator, I will always set a good example of sportsmanship. _____ Initials.

_____ _____
Signature (Must be present for this form to be VALID) **Date**