

**North Macomb Soccer Club
Coaches Information Sheet**

Date _____

Name _____ Phone _____

e-mail _____

Risk Management Card #: _____ Expiration Date: _____

Previous Playing Experience:

Previous Soccer Coaching and Training Experience:

What Level Coaching License do you hold? _____

Are you a certified Referee? YES NO How many Years? _____

Give a brief summary of your coaching philosophy:

What can the North Macomb Soccer Club or the Director of coaching provide for your team?
