



TROY YOUTH SOCCER LEAGUE COACHING RESUME

Name:	Phone:	Date

I would like to coach:

My child's team: <input type="checkbox"/>	Child's name:
Any team <input type="checkbox"/>	

Have you coached in TYSL before? Please list the age group (e.g. U9 Boys) and year for each season coached.

Age Group	Year	Age Group	Year

Have you coached elsewhere? Please list the level (youth, premier, college, etc.) team, and seasons.

Level	Team	Number of Seasons

Have you played soccer?

Level	Level

Do you have any coaching licenses? Please list them.

Have you received any coaching training for which you did not receive a license? Please list and give a brief description.

Please list any other information that you think is important.

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