



BYSL COACHING REQUEST FORM

(NOTE: Approval by BYSL is conditional upon a background investigation by IYSA)

LAST NAME	FIRST NAME	DATE OF APPLICATION	SEASON APPLYING FOR (i.e. Fa '05)
ADDRESS	CITY	STATE Idaho	ZIP
HOME PHONE	CELL PHONE	COACH LICENSE (A,B,C...)	DATE REC'D LICENSE
E-MAIL ADDRESS		CURRENT COACHING POSITION – (HC/AC--CLUB/AGE/B/G)	

POSITION SEEKING: HEAD COACH _____ / ASSIST COACH _____

List who you will be coaching with & team information

HEAD COACH	ASST COACH	ASST COACH
TEAM/CLUB NAME	GENDER / AGE GROUP (I.E. U14B)	TEAM MANAGER

Please list soccer experience - Coaching/Refereeing/Playing/Administrative:

C:
R:
P:
A:

Please list two references:

Name	Telephone #	E-mail

Comments:

*Coaches, once you have completed this form, please deliver to the director of your program/club.

*Directors, please submit to BYSL DOC Charlie Brizzee at cbrizzee@cablone.net. Thank you!