

# EBYSA TRAVEL COACH APPLICATION/LETTER OF INTEREST

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## COACHING PREFERENCE(S)

1<sup>ST</sup> AGE GROUP: \_\_\_\_\_ BOYS/GIRLS: \_\_\_\_\_ DIVISION: \_\_\_\_\_

2<sup>ND</sup> AGE GROUP: \_\_\_\_\_ BOYS/GIRLS: \_\_\_\_\_ DIVISION: \_\_\_\_\_

1. Number of General Meetings attended in the last year. \_\_\_\_\_
2. Names of 2 coaches you have coached with in the past. Please include phone numbers

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

3. Do you currently have a child registered with EBYSAs, who you would be interested in coaching? If yes, please indicate the child's name, DOB, gender, and current coach.

YES \_\_\_\_\_ NO \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_

DOB \_\_\_\_\_ CURRENT COACH \_\_\_\_\_

4. Please circle the highest Mass Youth Soccer coaching license that you currently hold, if any.

G F E D C B A

5. **Coaching Experience.** (Please give actual Year(s)).

6.

Town Fall Rec League \_\_\_\_\_

Spring Travel League \_\_\_\_\_

Other Coaching Experience \_\_\_\_\_

\_\_\_\_\_

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- 7.) **General Comments.** Please use this section for any additional information which you would care to provide to help EBYSAs with its selection process
- 8.) If you would like to attach letters of recommendation, please feel free to do so.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mail forms back to:

EBYSA  
Attn Spring Coaching Application  
PO BOX 79  
EB, MA 02333

