



Pickering Soccer Club

2009 All – Star - Coaching Application

Name _____

Address _____

City / Town _____ Province _____ Postal Code _____

Telephone Home _____ Work _____

Cell # _____ E-Mail _____

Coaching Position Preferred (specify Age Group and Gender)

1st Choice _____

2st Choice _____

3st Choice _____

Do you anticipate having your son or daughter playing on the team? Yes No

Section "A": Coaching Qualifications

OSA Number _____

Children Youth Senior Provincial "B" National "B" "A" License

Theory 1 Theory 2 Theory 3