

COACHING APPLICATION Intercity Div. 1 & 2/A & AA/AAA 2019-2020 Please complete the following and return to office or by E-mail

Lakeshore Soccer Club 16849 blvd. Hymus Kirkland, QC H9H 3L4

Att: John Limniatis (john@limniatisonline.com)

DEADLINE IS SEPTEMBER 9th 2019

Name:	DOB: YYY	Y MM _	DD
Address:	City / Code	e	_/
Phone:	Fax:	Cell:	
E-mail(s):			
Team you are applying for ? 1^{st} ch	oice	2 nd choice	
Head coach or Assistant c	oach		
Provide details of Coaching histor	•		
Provide details of playing history:			
Other sports you have coached:			
Coaching Education: (Circle all ap	plicable or highlight i	n red)	
S2 (children) S3 (youth) S7 (se	enior) C license DE	P Provincial B (p	art 1)
National B (part 2) A license O	thers		_
Theory 1 Theory 2 T	heory 3		
Signature :	Date :		

Completion and submission of this application does not mean nor will it necessarily result in automatic acceptance or successful selection of the person applying to coach. An interview may be requested.

^{*} Selection of coaches is made in accordance with policies and procedures of the Lakeshore Soccer Club.