



Council Rock United Soccer

PO Box 839 ♦ Richboro, PA 18954-1610 ♦ Phone: 267 988 4053 ♦ Fax: 267-988-4029

Competitive Placement Committee Coaches Data Sheet

Name: _____ Date: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone: (H) _____ (C) _____
Email: _____

Coaching Request

Team Age: _____ Male Female Level: A B C D
Are you the current Coach of this team? Yes No

Current Coaching Status

Club: _____ League: _____ Level: _____
Age: _____ Male Female

If you coach a 2nd team, provide necessary info: _____

Soccer Playing Experience

Have You Played Soccer Yes No

	Club	High School	College	Professional
Where				
When				
Position				
Level				
Honors				

Referee Certification (Please provide a copy for us to place on File)

Type	Issued By	Year

Additional Comments

Coaching Licenses (Please provide a copy for us to place on File)

License	Issued By	Year

Coaching Experience

Club/School	Age	M/F	Year(s)	Level

Most Recent League Coaching Experience

Age Group	M/F	League

Did you receive any cards? Did you receive any disciplinary action? (This past year)

Yes No If yes please explain:

State Cup/Tournament Coaching Experience

State Cup/Tournament	Age	M/F	Year

Additional Comments (Use Additional Paper if Needed)