



# Council Rock United Soccer

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## 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	Career Record W-L-T

**Most Recent League Record**

League	Wins	Losses	Ties	Result

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

Yes  No  If yes please explain:

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**Tournament Coaching Experience**

Tournament	Age	M/F	Year	Record	Result

**Additional Comments (Use Additional Paper if Needed)**