

East Elgin Soccer Adult Volunteer Coach INFORMATION RECORD

Please complete and return.

Email to:

registrar@eeys.ca

Mail to:

P.O. Box 334 Aylmer, Ontario N5H 2S1

			to help a parent v based on registr			
Name:						
Email:						
Home Phone #	# ()	· · · · · · · · · · · · · · · · · · ·	Cell Phone #())(optional)	
I have helped	coach soccer	before: Yes	No			
I would like to	help coach th	e following Ag	e Division(s):			
U5 🗌 (Wed)	U7 🗌 (Thu)	U9 🗌 (Tue)	U11 🗌 (Mon)	U13 (Thu)	U15 🗌 (Mon)	U18 [(Wed)
I would like to have(print player's name)				on the team I help coach.		
I would like to coach with:(print partner's			name)		Phone #: ()_	
Signature:				Date:		