

East Elgin Soccer Youth Volunteer Coach INFORMATION RECORD

Please complete and return.

Email to:

registrar@eeys.ca

Mail to:

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

| Name: | | | Age: | _ Year of Birth: | | |
|---|-------------------------|----------------|-----------------|---------------------------|-------------|--|
| Email: | | | | | | |
| Home Phone #() | | Cell Phone #(|) | (optio | onal) | |
| I have helped coach soccer | before: Yes | No I have | played soccer b | pefore: Yes | No | |
| I would like to help coach th | ne following Age | e Division(s): | | | | |
| U5 | U9 🗌 (Tue) | U11 [(Mon) | U13∐ (Thu) | U15 🗌 (Mon) | U18 [(Wed) | |
| l would like to have | re(print player's name) | | | on the team I help coach. | | |
| would like to coach with:(print partner's name) | | | F | Phone #: () | | |
| Signature: | | | Date: | | | |