

Raynham Youth Soccer

P.O. BOX 526, RAYNHAM CENTER, MA 02767

Coach Application

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

E-mail address: _____ Photo: 1x1 photo is required: _____

D.O.B: _____ (Must be at least 18 years old to be a head coach)

Last 6 digits of your SS # (required for CORI checks): _____

I wish to coach (circle)

Intown or travel

Boys or girls

Head coach or assistant

Age group (u8/U10/U12/U14)

*If applying for multiple teams, please list each team you are
Applying for(include town/travel;boys;girls;head or ass't;
age group):

Please describe your coaching experience: _____

List any coaching licenses held: _____

List any coaching clinics attend: _____

**ATTACH A 1X1
COLOR PHOTO
HERE**

Please be advised that all coaches and assistant coaches involved with Raynham Youth
Soccer will be registered with Mass Youth Soccer, which conducts CORI (criminal
background) checks on all coaches.