

Coventry Competitive Soccer Coaching Application

Name: _____

Street Address: _____

Town / City, State & zip code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Division(s) Applying to Coach: _____ *

(i.e.: U8, U10, U12, U14, U16, U19)

*** Please note Girls or Boys.**

Current Level of Coaching License: _____

(i.e.: Y1, Y2, E, D, C, B, A)

of Years Coaching Soccer in CSA: # of Years ____ From ____ To ____

of Developmental Teams Coached in CSA: ____ Age Levels ____

of Competitive Teams Coached in CSA: ____ Age Levels ____

Currently Coaching Developmental League Team(s) #: _____

(i.e.: Girls U12B or Boys U14D)

of Years Coaching Soccer in another League: # of Years ____ From ____ To ____

of Develop. Teams Coached in Other Leagues: ____ Age Levels ____

of Compet. Teams Coached in another League: ____ Age Levels ____

Other Leagues That You Have Coached (i.e.: baseball, basketball, softball, etc...)

How Long? Age Levels? Explain.

Once the form has been completely filled in, please email to James Kenney (Coventry Soccer Competitive Director) james.kenneyii@verizon.net