

**COLD SPRING HARBOR  
HUNTINGTON SOCCER CLUB**

**P.O. Box 89  
Cold Spring Harbor  
New York 11724  
www.cshhsoccer.com**

**APPLICATION FOR TRAVEL TEAM COACHING**

(please print or type all information)

Date:

Full Name:

Address:

City, State, Zip:

Phone (day):

Phone (evening):

email:

Team applying for (ex. U-10 Boys, A):

**COACHING EXPERIENCE (Where, When, How long)**

Intramural:

Travel:

High School:

College:

Other (please specify:

**SOCCER TRAINING/EXPERIENCE**

Coaching License(s) you hold:

Have you been or are you now a player? (Give specifics)

What Clinics and other soccer-related courses have you attended?

Do you have first-aid certification? Yes                      Expiration Date                      No

Have you ever been arrested for a crime involving children? Yes                      No

If yes, please explain

Have you discussed club policies with the travel team coordinator?

Are you aware of the time and financial commitment involved with coaching a travel team?

Why do you want to coach a travel team?

Additional comments in support of your application:

APPLICANT S SIGNATURE: \_\_\_\_\_

**Please attach your current game and practice schedule**

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**FOR CSHH BOARD USE ONLY**

Intramural Coordinator                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Travel Coordinator                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Vice President                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

President                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_