



Winsloe-Charlottetown Royals FC COACHING APPLICATION

Name: _____ Phone (Home): _____
 Address: _____ (Work): _____
 _____ (Cell): _____
 Postal Code: _____ E-mail: _____

Please SUBMIT to David Vos via email keavenyvos@hotmail.com or by fax (902) 370-3368.

COACHING POSITION REQUEST

Please circle your first choice. If more than one, put the "2" beside your second choice.

- **Position:** Head Coach Assistant Coach Manager
- **Gender:** Male Female
- **Age Group(s):** _____

COACHING CERTIFICATION(S) – Please list below:

COACHING EXPERIENCE

Please attach a resume, if available.

Number of years as a Head Coach: _____ and as an Assistant Coach: _____.

Teams I have coached, (including age and gender) are:

PLAYING EXPERIENCE

IMPORTANT NOTICE

In order to protect the club members, applicants are advised coaching applications will be screened by the Charlottetown Police and/or the RCMP prior to approval. The Winsloe-Charlottetown Royals FC reserves the right to reject any application to coach with the Winsloe-Charlottetown Royals FC. All coaches are required to abide by the Constitution and Bylaws of the Winsloe-Charlottetown Royals FC and all Club executive decisions. Failure to abide by Club requirements may lead to dismissal.

Signature: _____ Date: _____