



**SALTFLEET STONEY CREEK SOCCER CLUB
REQUEST TO APPOINT TEAM STAFF
2017 INDOOR / 2018 OUTDOOR SEASON**

HEAD COACH NAME: _____

AGE AND GENDER APPLIED FOR: _____

EMAIL ADDRESS: _____

I AM RECOMMENDING THE FOLLOWING FOR TEAM STAFF;

ASSISTANT COACH:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Coaches level completed: _____

ASSISTANT COACH:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Coaches level completed: _____

TEAM MANAGER / ASSISTANT COACH:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Coaches level completed: _____