



CLOVER ELITE F.C.

Coaching Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Number: _____

Email: _____

Gender: Male Female DOB: _____

Coaching License/ID Number: _____

Coaching Experience: Position: _____ Years: _____ Sport: _____

Position: _____ Years: _____ Sport: _____

Position: _____ Years: _____ Sport: _____

Background in working with youth: Position: _____ Years: _____

Experience in soccer: Position: _____ Years: _____

Have you ever been convicted of a crime of violence? _____ Yes _____ No

If yes, please explain (use back of form if necessary)

Cards Received: Red _____ Yellow _____ Date of last card _____

Have you ever been asked to leave a game as a spectator? _____ Yes _____ No

If yes, please explain (use back of form if necessary)

REFERENCES

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Signature

Date

Please submit application via email OR mail:

Amy Jackson
Club Administrator
Clover Elite, F.C.
104 Clinton Avenue
Clover, SC 29710
registrar@cloverelitefc.com