



**Grasslands Soccer Association**

PO Box 1742  
Brooks, AB T1R-1C5  
info@grasslandssoccer.ca  
www.grasslandssoccer.ca  
403-378-3333



To: Grasslands Soccer Association

*It is my intent to coach a competitive (rep) team in the 2024 outdoor season.*

**Coach Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**What age group would you like to coach?** U9 / U11 / U13 / U15 / U17

**Do you have previous coaching experience?** Yes / No

**How many years of experience do you have?** \_\_\_\_\_

**What level have you coached?** House League / Rep (Competitive) / College or University

**Do you have an NCCP number?** Yes / No

**What is your NCCP number?** \_\_\_\_\_

**Have you completed any training through Canada Soccer?** Yes / No

**Please list the training you have completed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If selected, are you prepared to obtain a criminal record check?** Yes / No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date