

Lindenhurst Jr. Squires Soccer League Letter of Intent
Fall 2017/Spring 2018

Please complete and return to Jim Daniels, Coaches Selection Committee Chair, no later than April 25th. You can email this form as an attachment to Danielsjamesa@gmail.com or copy and mail it to Jim Daniels, 261 37th Street, Lindenhurst, NY 11757

Applicant Information

Name

Street Address

City, State and Zip Code

Home Phone

Mobile Phone

Email Address

Age Group applying for (i.e. Girls U10)

Are you a member in good standing of Lindenhurst Jr. Squires Soccer League?

Intramural Coaching Experience

Please specify the number of spring and fall seasons coached for each of the following. If assistant coach, please place (A) next to number of years (fall/spring = one year)

U5 U6 U7/8 U9

PreTravel/Travel Coaching Experience

Please specify the number of spring and fall seasons coached for each of the following. If assistant coach, please place (A) next to number of year (fall/spring = one year)

U9 U10 U11 U12 U13 U14 U15 U16

Additional Coaching Experience and Training

What licenses do you presently hold?

What clinics have you attended?

What outside clinics have you attended?

What specific coaches training do you think would be helpful for coaching this team?

Do you have CPR/First Aid Certification?

Date of Renewal Due?

Why do you want to coach this age group? Also, you may make a statement about yourself & your soccer development to help advance your application.

What has your team accomplished that you are most proud of?

What is one goal you would set this team for next year?

COACHES SELECTION COMMITTEE NOTES:

Any formal complaints/positive comments received by the league membership this year? Ie. Negative – red card issued, formally ledged complaints by players/parents?

Positive comments/awards received by outside organizations? IE. LJSSL – Sportsmanship Awards (Chevrons/Bronze)