



Soccer Club of Toronto

Competitive Program Application Form

P.O. Box 234 Station E, Toronto, Ontario, M6H 3E3

Ph: 416-588-9355 Fx: 416-588-7545

Please fax or email to: technicaldirector@sctoronto.ca

Applicants Information

Full Name:		Date of Birth: yyyy/mm/dd	
Address:		City:	Postal Code:
Home Phone:	Mobile Phone:	Email Address:	

Team Applying for:

Girls: Boys Age Group: _____

Position Applying for:

Head Coach Assistant Coach

Please Note: 1) Head Coach will be Interviewed by TD and GM

2) Assistant Coach assignment will approved by Head Coach and TD

3) Police Screening will be required for all Head and Assistant Coaches

Applicants Coaching Experience

Club	Age/Gender	Position	League	Years
1) _____				
2) _____				

Applicants Coaching Qualifications

Community Child Community Youth Community Senior LTPD MED
 Active Start FUNdamentals Learning to Train Soccer for Life

Respect in Soccer Certificate # _____ Other Licences: _____

References

Name	Phone Number	Email Address
1) _____		
2) _____		

Agreement

I agree to abide by the published rules of the Ontario Soccer Association, Toronto Soccer Association, League, and the Soccer Club of Toronto.

Name: _____ Signature: _____ Date: _____