



AUSA Fall 08 Academy/Select Coaching Application

Name _____

Address: _____
Street City Zip

Phone: Home: _____ Cell: _____

Email: _____ DOB _____

Current Team Coaching: _____ Current Age Group: _____

Age Group Desired (Please mark your top 3 choices in preference order)

U10 ___ Boys ___ Girls Academy

U15 ___ Boys ___ Girls Select

U11 ___ Boys ___ Girls Academy

U16 ___ Boys ___ Girls Select

U12 ___ Boys ___ Girls Academy

U17 ___ Boys ___ Girls Select

U13 ___ Boys ___ Girls Select

U19 ___ Boys ___ Girls Select

U14 ___ Boys ___ Girls Select

Playing Experience: (Please list name of School/Club and Number of Years)

Youth _____ # Yrs. _____

High School _____ # Yrs. _____

College _____ # Yrs. _____

Amateur/Profess. _____ # Yrs. _____

Coaching Experience: (Please list Club/School and Number of Years)

Recreational _____ # Yrs. _____

Academy/Select _____ # Yrs. _____

High School/College _____ # Yrs. _____

Coaching License:

USSF _____

NSCAA _____

Other _____

**All Academy/Select Coaches are required to possess a Minimal USSF D License.*