



CASCADE FC ASSISTANT COACH APPLICATION

Name: _____ **DOB:** _____

Address: _____

Cell: _____ **Email:** _____

Name of Head Coach/Team you request to assist: _____

Coaching Certificate/License(s) Held: (Please attach copy of license certificate) _____

Referee Certification: Y/N (Please attach copy)

Other pertinent certifications/year: (First Aid, PCA, etc.)

Coaching Experience: (Include number of years, sport, age, gender, competition level)

Soccer Playing Experience: _____

Refereeing Experience: _____

Youth leadership Experience: _____

Please fill out and email to the Cascade FC Director of Operations at sophieh@cascadefc.org.
Include scanned copies of required documentation (listed above).