



LANGHORNE NESHAMINY UNITED SOCCER CLUB

www.langhoriesoccer.org

Select Team Coach Resume

Name			Toda's Date:		
Street Address					
City		State PA	Zip Code		Birth Date:
Phone (Please circle primary contact #)		Cell:		Work: (____) ____-____	
Home:					
E-Mail Address:					
Team Desired: Select			Position Desired:		
<input type="checkbox"/> Boys <input type="checkbox"/> Girls			<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach		
Age Group: U8					
Previously Coached LNUSC Team:			If yes please list the following:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			Age Group(s): Season(s):		
Soccer Background (Start with Current Year):					
Other Coaching / Youth Activity Experience:					
EPYSA License or Other Coaching Courses:					
Children Playing and Ages:					
<input type="checkbox"/> Yes, I will volunteer including field preparation and open tryouts					
Volunteer Interest:.					
References:				Phone #:	
1.				Phone #:	
2.				Phone #:	
3.				Phone #:	

Please hand in or e-mail completed form to LNUSC Intramural Director