



Thunder Soccer Club Select Coach Application



General Information		
Name	SS#	M / F
Address	Home Phone	Age
	Business Phone	
City	State	Zip
Age Group Desired	League	Current Team
Current Coaching License	Other Experience (Involving teaching and kids) Position / Job Description No. of years	

Playing Experience	
Youth	No. of years
High School	No. of years
College	No. of years
Amateur	No. of years
Professional	No. of years

Coaching Experience	
Youth	No. of years
High School	No. of years
College	No. of years
Amateur	No. of years
Professional	No. of years

- Applying Coaches please submit 3 references with contact information along with complete application and mail to: PO BOX 2788, McDonough, GA 30253; or fax to 770-474-7109 (attn. Thunder Soccer Club – Coaching Committee).