Application to Coach
Spring Select and Tournament Teams
U10, U12, U14, U16 & U19

(Please type or print legibly)

Name:_____Phone:_____

Address:_____

City:_____State:___HI_____Zip code:_____

Team Information:

Division: U10 U12 U14 U16 U19
(circle one)

Gender: Boys Girls Level: Gold Silver
(circle one) (circle one)

Tournament*: Islands Best (Late December) _____

Mililani Makahiki (Late December) _____

Kirk Banks (Spring Break) _____

Rainbow Tournament (Early July) _____

Other:_____ _____

*Not all Tournaments available for all Age Group Divisions.

Please complete the section below with any information that will assist the Committee with the selection of Coaches (i.e., clinics taken, level of coaching, level of refereeing, positions held in Region, etc.)

_____

_____

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I hereby certify that the above information is true and accurate to the best of my knowledge. I also understand that the above programs are administered and run by the Section or Area, and that I agree to any and all rules and regulations imposed by the Section, Area, and/or Region 100. I further understand that all responsibilities for setting up or taking down fields, refereeing, field tent duty and any fees, are fully the teams alone.

Signature_____Date:_____

Please mail your completed Application form (postmarked by October 1 of the current season) to:
Regional Coach Administrator, Kailua AYSO Region 100, PO Box 911, Kailua, HI 96734-0911.

Revised 8/2012