



MBSC Competitive Team Coaching Application and Team Plan 2009-2010 Soccer Year

Overview

Competitive Teams (COMP) will be forming for the upcoming 2009-2010 soccer season with tryouts scheduled to start May 28th. In order to form a new comp team or continue to coach an existing comp team every head coach must fill out the attached application and plan. Send this completed application and plan to the MBSC Director of Coaching ([DOC email](#)). Final team and coach selection will be recommended by the DOC to the club's Board of Directors, who will make a final decision by mid-May.

Process for Comp Team Formation

1. Submit this Application (part 1.) and Team Plan (Part 2.). Can be filled out electronically and emailed or filled out by hand and delivered in person.
2. Team/Coach selections
 - a. Review by the DOC (additional correspondence may be needed/requested)
 - b. DOC recommendation sent to the Board
 - c. Approval by the Board
 - d. Final Team / Coach selections
3. Conduct Tryouts (coordinate with DOC)
4. Player selection and notification
5. Register players and coach (coaches will need to submit and pass a national background check)
6. Place uniform order (including payments) with club uniform coordinator by June 15th.

Part I. Coach Applicant Information						
Full Name:				Date:		
<i>Last</i>			<i>First</i>		<i>M.I.</i>	
Address:						
<i>Street Address</i>				<i>Apartment/Unit #</i>		
<i>City</i>				<i>State</i>		<i>ZIP Code</i>
Home Phone:	()	Cell Phone:	()	E-mail:		
Team Requested: (age group / gender)						
Planned Level of Play	State Cup <input type="checkbox"/>	Region Cup <input type="checkbox"/>	Unsure <input type="checkbox"/>			
Expected League of Play for the Fall 2009	BYSL <input type="checkbox"/>	GCF <input type="checkbox"/>	Other <input type="checkbox"/>	If Other, please specify:		



Plan to Coach my Child or a Relative	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Name:		Birth date:	
Previous Clubs you have coached or trained at in the last 4 years:						
List any soccer clubs you plan to continue to work with during this upcoming season						
Have you ever been disciplined (suspended or expelled) by the FYSA or by another soccer organization?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain including date of the disciplinary action (attach separately if needed):						

Coach Experience / Credentials

Years of Coaching Recreational Club Soccer (specify age groups & gender):	
Years of Coaching Competitive Club Soccer (specify age groups & gender):	
Years of Coaching School Soccer (specify level, gender, and schools):	
Other Coaching Experience (specify ODP, etc):	
Playing Experience (if any):	

Licenses and Certificates

USSF Licenses: (A,B,C,D,E,F)		NCAA Licenses:		USSF Modules:	
Other Licenses:					
Additional Licenses / Modules you plan to obtain over the next year (specify anticipated date):					

References

Please list three character references.

Full Name:		Relationship:		Phone:	()
Full Name:		Relationship:		Phone:	()
Full Name:		Relationship:		Phone:	()

Part II. Comp Team Plan

Team Staff

Assistant Coach (if identified):		Phone:	()	email:	
Manager (if identified)		Phone:	()	email:	
List Coaching Licenses of Assistant Coach:					
List Coaching Experience of Assistant Coach:					
Do you anticipate using a MBSC Club Provided Trainer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			



Will you be using other or additional trainers? (skills, speed, or other):	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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If yes specify:	Name:		Type of Trainer:	
	Experience & Licenses:			
	Name:		Type of Trainer:	
	Experience & Licenses:			

Team Financials

Do you intend to be paid for your services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how much per seasonal month?	\$
Is the Assistant Coach to be paid for services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how much per seasonal month?	\$
Are any other staff (trainers, managers, etc) to be paid for their services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how much per seasonal month?	\$
Number of tournaments per year (excluding state cup or region cup):			Expected Yearly team cost of tournament entries:	\$
Expected Cost of State Cup or Regional Cup Tournament Entry:				\$
Additional yearly team Costs, i.e. equipment, contingency, etc. (exclude uniforms and club fees):				\$

Team Goals (Attach additional pages if needed)

Identify your Objectives for forming and coaching this team for the next season:

If you are a returning Coach with this team briefly provide a recap of last season (accomplishments, challenges, new direction):

Give your Coaching Philosophy as it pertains to this team for the next season:

Where would you like (or expect) this team to be at the end of the season (year 1)?:

Where would you like (or expect) this team to be at the end of the following season (year 2)?:



Please add any additional information that you feel would be helpful for the Director of Coaching and Board during the selection process:

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Why MBSC and what are your expectations from the club?

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If there are insufficient players available to form a team at this age/gender group, or, in the event that you are not selected as the Head Coach would you be willing to be an assistant coach?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will consider it <input type="checkbox"/>
Would you, if requested by the club as a contingency of your selection, continue your coaching education to meet the needs of the players?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will consider it <input type="checkbox"/>

Acknowledgement and Signature

I certify that my answers are true and complete to the best of my knowledge.

I further acknowledge that I will need to submit and pass a FYSA background check as part of my coaching participation with MBSC.

If this application and plan leads to my selection as a Head Coach of an MBSC Competitive Team, I understand that false or misleading information in my application or interview may result in my release.

I further understand that if selected I will agree to and adhere to the MBSC coaching policy and run this Competitive team to the best of my abilities ultimately helping the club achieve it goals and mission.

Signature: <i>(initial for electronic signature)</i>		Date:	
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Fill out, print, and send via email to Director of Coaching at peter@tsunamisoccer.org
 Or
 Print out, fill out, and deliver to the DOC