

**AYSO DIAMOND HEAD REGION 48
COACH'S APPLICATION
SELECT SEASON 2008-09**

Last Name: _____ First Name: _____ Phone(s) _____

Area Applying For: Kahala _____ Aina Haina _____ Hawaii Kai _____ (Note: Region-wide for Gold Team)

Division: U10 ___ U12 ___ U14 ___ U16 ___ U19 ___ Gender: Boy ___ Girl ___

Bracket: Gold ___ Silver ___

Coach Qualifications:

Safe Haven Certified: Yes ___ No ___ Year: _____

Number of Seasons Coached: U6 ___ U8 ___ U10 ___ U12 ___ U14 ___ U16 ___ U19 ___

Season Recent Division Coached: U10 ___ U12 ___ U14 ___ U16 ___ U19 ___ Gender: Boy ___ Girl ___
(Ex. – For U10 Fall 2007 Season = U10F07)

Coach Certification: U10 and below Yes ___ No ___
Intermediate Yes ___ No ___
Other: _____

Referee Certification: U10 and below Yes ___ No ___
Intermediate Yes ___ No ___
Other: _____

Other Experience as AYSO Volunteer:

Board Member	Yes ___ No ___	Year: _____
Registration	Yes ___ No ___	Year: _____
Field Maintenance	Yes ___ No ___	Year: _____
Tournament Assistance	Yes ___ No ___	Year: _____

Other Comments: _____

I understand and will abide by the attached "Region 48 Selection Process for Select Coaches" and that participation in the various tournaments (Windward Classic (Gold), Makahiki (Silver), Kirk Banks and Rainbow) is MANDATORY. Travel is required as games are held outside of the Diamond Head Region.

Sign/Date: _____

For Administration Use:

Postmark Date Received/E-mail Date (NLT September 7th): _____ Regional Commissioner Signature: _____
Age Group Coordinator informs Applicant of receipt of Application: Date: _____ (NLT September 14th)

AGC verification of Applicant's information (revise as necessary above) Sign/Date: _____
Coaches current Sportsmanship Rating: _____ Place among _____ teams.

Other Comments: _____

APPROVAL:

Coach Administrator _____ Date: _____ (NLT October 1st)

Regional Commissioner _____ Date: _____ (NLT October 1st)

Age Group Coordinator informs Applicant of decision: Date: _____