

Whitby Iroquois Soccer Club

REQUEST TO APPOINT TEAM STAFF

AGE DIV / TEAM:

SEASON/YEAR:

TEAM HEAD COACH

Name
Address
Phone
E-mail

I am recommending and request Club approval for the team staff listed below (please print)

ASSISTANT COACH

Name
Address
Phone
E-mail

MANAGER

Name
Address
Phone
E-mail

OTHER TEAM STAFF MEMBER *(Assistant Coach/Assistant Manager)*

Name
Address
Phone
E-mail

Whitby Iroquois Soccer Club is responsible for screening of all of the above persons and has the authority to withhold approval of their appointment as requested. I understand and agree to abide by that decision.

Team Head Coach *(signature)*

Date

For Club use only

Approved by:

Date: