



Bluewater S.C. APPLICATION FORM

Introduction:

SEASON _____

SECTION A:

Name _____ Tel Home () _____
Tel Business () _____
Fax () _____

Address _____

City/Town _____ Province _____

Postal Code _____ E-Mail Address _____

Coaching Position Preferred: (Age Group)
1st Choice _____
2nd Choice _____
3rd Choice _____

Do you have a son currently playing with the Club? ‘ Yes ‘ No

SECTION B: Coaching Qualifications

N.C.C.P. Number:	_____	Mini Coach	_____
OSA Coach Number:	_____	Community Coach Level 1	_____
Community Coach Senior :	_____	Community Coach Level II	_____
International Courses:	_____	Provincial “B” Licence Part 1 OSA	_____
		National “B” License Part II CSA	_____
		National “A” License CSA	_____



