



**SNOQUALMIE VALLEY YOUTH SOCCER  
ASSOCIATION**  
**CASCADE FC ASSISTANT COACH APPLICATION**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_, WA 98\_\_\_\_\_  
**Cell:**(\_\_\_\_) \_\_\_\_\_ **Alt Phone:** (\_\_\_\_) \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Name of Head Coach/Team you request to assist:** \_\_\_\_\_

**Coaching Certificate/License(s) Held:** (Please attach copy of license certificate) \_\_\_\_\_

**Referee Certification:** (Please attach copy of most current USSF Registration Form) \_\_\_\_\_

Other pertinent certifications/year: (First Aid, PCA, etc.)  
\_\_\_\_\_

**Coaching Experience:** (Include number of years, sport, age, gender, competition level; use additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Soccer Playing Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Refereeing Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Youth leadership Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out and email to the Cascade FC Administrator at [cascadefc@snvysa.org](mailto:cascadefc@snvysa.org). Include scanned copies of required documentation (listed above).