• • •	e coach of a Fury select team with FP	SC.
Name:Address:		
Phone: (day)	(evening)	
PREFERRED:		
Age Group U Ger	nder Year	
QUALIFICATIONS:		
1. List USSF or NSCAA recogni	ized Coaching Licenses:	
Year Obtained Level		
2. Referee program completi	ion·	
		Licensed Y N
3. Coaching Experience (Yeo necessary.	ar, Gender, Age & Club) Continue on	back of form in
4. I have read, understand, a Guidelines and Procedures.	and agree to follow the FPSC Select Te	eam Program
Signature	 Date	