



ZYEP Soccer Coach Registration

Gallup Soccer League

August-October 2019

Thank you for your interest in applying to be a ZYEP soccer coach. The purpose of the ZYEP soccer program is to provide local youth an opportunity to apply their highest efforts toward learning and performing sport in an environment that is fun and supportive. Coaches are key to making the program possible for Zuni youth! Please complete the following registration form and return it to the ZYEP Office located at 13 Chimoni Drive. ZYEP Office hours are 8 am-5 pm Monday-Friday. Questions, call us at 505-782-8000.

First Name: _____ Last Name: _____
Street Address: _____
P.O. Box #: _____
E-Mail Address: _____
Telephone (best contact #): _____
Telephone (alternate contact #): _____

Shirt size (circle): AS AM AL AXL AXXL AXXXL

Are you seeking a volunteer or paid coaching position? (circle one)

Do you have a relative that needs to be assigned to your team? ____ Yes ____ No

Name(s) _____

Are you available to coach between the hours of 5-7pm Mon-Fri? ____ Yes ____ No

Are you available to coach games Friday evenings and Saturday mornings? ____ Yes ____ No

Any specific people that you want to coach with? ____ Yes ____ No

Name(s) _____

Preferred League:

____ U6 ____ U8 ____ U10 ____ U12 ____ U15

Authorizations:

I will submit a current background check to help ensure the safety of ZYEP youth participants. I consent to be photographed as part of ZYEP activities and have no objection to the use of photographs in promotional and fundraising material.

Name (Print) _____

Signature _____

Date: _____

Office Use: Received: _____ Entered: _____ Bkgrd Chk: ____ Update ____ Need ____ New