



# Adult (Senior) Team Staff Affiliation Form

<b>Full Team Name:</b>	
(This name should be on player registration forms and any correspondence)	
Adult (Senior) League:	Division:

**Team Officials** (Please list full details for at least two team officials)

Name of Team Coach:				
Address:				
City & Postal Code:				
Home Telephone:	Mobile:			
Email:	Fax:			
Coaching Qualifications:				
Children's (CCC) <input type="checkbox"/>	Youth (CCY) <input type="checkbox"/>	Senior (CCS) <input type="checkbox"/>	B Pre-test <input type="checkbox"/>	B Provincial <input type="checkbox"/>
B National <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="checkbox"/> Please list:		

Name of Team Manager:				
Address:				
City & Postal Code:				
Home Telephone:	Mobile:			
Email:	Fax:			
Coaching Qualifications:				
Children's (CCC) <input type="checkbox"/>	Youth (CCY) <input type="checkbox"/>	Senior (CCS) <input type="checkbox"/>	B Pre-test <input type="checkbox"/>	B Provincial <input type="checkbox"/>
B National <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="checkbox"/> Please list:		

Name and Team Official Position:				
Address:				
City & Postal Code:				
Home Telephone:	Mobile:			
Email:	Fax:			
Coaching Qualifications:				
Children's (CCC) <input type="checkbox"/>	Youth (CCY) <input type="checkbox"/>	Senior (CCS) <input type="checkbox"/>	B Pre-test <input type="checkbox"/>	B Provincial <input type="checkbox"/>
B National <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="checkbox"/> Please list:		

Name Head Coach (Please Print):			
Signature:	Date (mm/dd/yyyy)		

Mail or Fax to BC Soccer *Attention: Member Services*  
Suite 510 – 375 Water Street, Vancouver, BC, V6B 5C6 or Fax 604-299-9610