



# Sandwich Soccer Club Age Group Director Application



*Please fill out completely and mail to:*

The Sandwich Soccer Club  
P.O. Box 258  
East Sandwich, MA 02537

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Position(s) Requested for Spring Season 2014

Please Indicate Age Group(s) and whether Boys or Girls:

AGD for \_\_\_\_\_  
(please feel free to use the back of this form to further elaborate)

Previous AGD or Coaching Experience:

How will you foster a spirit of cooperation within the Age Group?

What is your primary reason for wanting to lead this Age Group?