



# Club Roma Soccer

## HOUSE LEAGUE / STARTERS COACHING / MENTORING APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age / Division: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I wish to be contacted for any coaching clinics or certification classes that Club Roma may offer.

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that there may be a fee involved for any clinics or certification courses and by signing above I am not obligated to attend unless I register for the course. The associated costs will be advised prior to registration.

The information provided on this application is purely for Club Roma Minor Soccer use and will not be shared with any outside agencies or persons.

Website: [www.romasoccer.com](http://www.romasoccer.com)