



Northwest Territories SOCCER ASSOCIATION

COACH RECOMMENDATION FORM

Date recommendation is being made: (YYYY/MM/DD) Event Player is being Recommended for:

1: INFORMATION OF RECOMMENDED PLAYER (please print)

Title <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Surname or Family name	Given Name	Date of Birth (YYYY/MM/DD)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
NWTSA Number:		Telephone Number: ()	Email Address:	
Address:				
Are you currently on an NWTSA Team? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, which Team:		
Name of Coach/Captain:		Telephone Number: ()		
Email Address (Checked Frequently):				

2. INFORMATION OF COACH

Title <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Surname or Family name	Given Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
NWTSA Number:		Telephone Number: ()	Email Address:
Do you currently coach an NWTSA Team? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, which Team?	

3. LOGISTICS

Reason of not attending required previous event?

Why should NWT Soccer consider this player to participate in this event?

As an NWTSA Coach, I am recommending this player because they possess the attitude, skills and/or fitness of a calibre appropriate for the event in question. To the best of my knowledge this player will abide by all NWTSA policies, procedures and Codes of Conduct if they are permitted to participate.

Name (Print):

Signature:

Date:

NWTSA Office Use Only

Reviewed by (NWTSA Representative):

Date:

- Approved
 Not Approved