



2010 High School Soccer Coaches Interest Form

Name:					
School:					
School Address:					
City:		Zip:		School County:	
Home Address:					
City:				Zip:	
Home Phone #:	()	School Phone #:	()	Region:	(see map)
Cell Phone #:	()	Number of years as a high school head soccer coach:			
Conference:			Circle One:	1A	2A 3A 4A Independent
E-mail Address:					

Yes, I would like to coach in the 2010 State Games of North Carolina High School Soccer Showcase. Please consider me for the following (check all that apply):

- Girls Head Coach
 Girls Assistant Coach
 Boys Head Coach
 Boys Assistant Coach

Please check the appropriate boxes:

Send all mailed correspondence to my:

(Note: The school year ends before the State Games.)

Home School

Which phone number(s) would you like published in our printed materials that will be mailed statewide to high school coaches:

(Note: The school year ends before the State Games.)

Home School Cell

Would you like your email address published for the players and coaches to use to correspond with you?

(Note: The school year ends before the State Games.)

Yes No

Please sign the Agreement to Participate on the reverse side.

To confirm your participation in 2010 you must fax this form (both sides) to 919-361-2559, or mail it before February 19 to: State Games Soccer, 406 Blackwell St – Suite 120, Durham, NC27701

