

Milwaukee Wave 2010 Summer Soccer Camp Staff Information Form

Name: _____

Date Of Birth: _____

Address: _____

City / State / Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Contact Person In Case Of An Emergency: _____

Emergency Contact Phone Number: _____

Are You Looking For: Full Time _____ Part Time _____

Full Day Camps _____ Half-Day Camps _____ Overnight Camps _____

Do You Have Your Own Transportation To And From Camp: Yes No (Please Circle One)

Coaching Experience

(1) _____

(2) _____

(3) _____

Please List Any Camps You Have Worked In The Past

(1) _____

(2) _____

(3) _____

Weeks In Which You Cannot Work

(1) _____

(2) _____

(3) _____