

Pennsylvania Soccer Coaches Association

Send Nomination form by May 31st Spring Girl and November 7th Fall Boy/Girl to:

Scott Bonagura, 177 Elizabeth Street, Hawley, PA 18428

Cell phone: 570-242-4020; E-mail: bonagura4@yahoo.com

Coaches First Name _ Middle _____ Last _____

School _____ League _____ Dist. _____

City State _____ NSCAA Region EAST

(Please Circle) School Classification AAA / AA / A Team Gender Male / Female

Coaches Background Information

College Graduated from _____ Year _____

Number of Years Coaching Varsity _____ NSCAA Member # _____

Any Previous Coaching Honors _____

Coaching Diplomas/Licenses _____

Overall Varsity Coaching Record Won Lost Tied

This Season's Record Won Lost Tied

Previous Team Honors (Championships Etc.) _____

Current Team Honors _____

Clinics Attended and # of Years _____

Camps Worked _____

Coach's Home Mailing Address Coach's School Mailing Address

Street _____ Street _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Phone # _____ Phone # _____

Email: _____ Email: _____

Athletic Director's Name _____ Phone# _____

Media Information

Local Newspaper: Name _____ Local Television: Name _____

Street _____ Street _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Phone _____ Phone _____

Please fill out form completely! Type or all information legibly. A maximum one (1) page resume may be attached with any other information that you feel is pertinent.