



**New York State West Youth Soccer Association
2003 Coaches Association Application
Glen Buckley, State Director of Coaching**

Mail this application along with the \$30.00 registration fee to the address below. Make checks payable to NYSWYSA.

NYSWYSA
PO Box 1247
41 Riverside Dr.
Corning NY 14830

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

E-mail Address: _____

Date of Birth: _____ **Place of Birth:** _____

US Citizen? Yes No (circle one) M / F (circle one)

Club Affiliation: _____

Playing Experience	Years	Coaching Experience	Years
Youth	_____	Youth	_____
High School	_____	High School	_____
College	_____	College	_____
Amateur	_____	Amateur	_____
Professional	_____	Professional	_____

Existing Coaching Licenses:

For Office Use Only:

Deposit Amount _____ (No. _____) Received On ___/___/___ Verification Letter _____

Final Payment _____ (No. _____) Received On ___/___/___ Balance Due _____

Disposition: Withdrew Passed Refund Due _____ Refund Paid _____) On ___/___/___