



New York State West Youth Soccer Association
 2003-2004 Coaching Course Candidate Application
 Glen Buckley, State Director of Coaching
 Glen's E-mail Statecoach@nyswysa.org
 Glen's Phone Number 585-388-7152

E Certification Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____

Date of Birth: ____/____/____ M / F (Circle One)

US Citizen? Yes No (circle one)

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

Existing License: Level & Number: _____ USSF, NSCAA, Other

Date Received / Renewed: _____

Course Registration

Location: _____ Date: _____

Are you a member of the US Coaching Organization? Y / N (choose one)

Emergency Contact: _____ Phone: (____) _____ - _____

If you have a disability or need special accommodations or assistance, please check here: _____ and call the State Office at (800) 789-4806

Return Application To: Jenny Cole
 jennycolenyw@stny.rr.com
 NYSWYSA State Office
 PO Box 1247
 41 Riverside Dr.
 Corning, NY 14830