



Photo Here

### NATIONAL YOUTH LICENSE CANDIDATE APPLICATION

Name: \_\_\_\_\_ E- mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_ Male Female U.S. Citizen: Yes No  
(check one) (check one)

#### Course Registration:

Course Location: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

Existing License(s): \_\_\_\_\_  
*Issued by USSF, NSCAA, Other Date Received/Date Renewed License Level & #*

\_\_\_ Member of US Soccer Coaching Organization Member # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
\_\_\_ Member of US Youth Soccer Coaches Connection Member # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_ T-Shirt Size (M, L, XL, XXL)

Emergency Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Requested Roommate: \_\_\_\_\_

\_\_\_ If you have a disability or need special accommodations or assistance, please check here and contact the hosting State Association.

**PAYMENT:** Enclose personal check, cashiers check, money order, or complete the following credit card information.

**\*\*\*Full payment (\$590.00 by Feb. 1, 2012, \$650.00 after Feb. 1, 2012) will be charged to your credit card upon completion of credit card information on the application.**

MasterCard Visa American Express Discover (Check card type)

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
(Name as it appears on credit card) Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY:					
Deposit Amount: _____	Received _____	Balance Due _____	Final Payment _____	Received on _____	
Verification Letter _____	Withdrawn on _____	Refund Due _____	Refund Paid _____	Date Refunded _____	