



Attach Photo Here

COACHING COURSE CANDIDATE APPLICATION

Name: _____ E- mail: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Date of Birth: ____/____/____ Place of Birth: _____ Male Female U.S. Citizen: Yes No (circle one) (circle one)

Course Registration:

Course: National Youth License _____ National "C" License _____

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: _____

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

Emergency Contact: _____ Requested Roommate: _____ (name and phone)

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

Candidate has approval to take State Youth Coaching Module Instructor Course upon successful completion of NYL. State Director of Coaching State Association

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

***Full payment will be charged to your credit card upon completion of credit card information on the application.

MasterCard Visa American Express (Circle card type)

Card Number _____ Expiration Date _____

Signature _____ Date _____ (Name as it appears on credit card)

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