



**New York State West Youth Soccer Association
2003-2004 Coaching Course Candidate Application
Glen Buckley, State Director of Coaching**

E License & Youth Module Registration Form

Name: _____

Soc. Sec. #: _____

Male / Female (circle one)

Address: _____

City: _____ State: _____ Zip: _____

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

Date of Birth: ____/____/____ Place of Birth: _____

Are You a 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: _____



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Glen Buckley, State Director of Coaching**

E License & Youth Module Registration Form

Course Registration

Location: _____

Date: _____

Course Level: (Select One)

- _____ U6-U8 Youth Module
- _____ U8-U10 Youth Module
- _____ U10-U12 Youth Module
- _____ E License

Are you a member of the NYSW Coaches Association? Y / N (choose one)

Are you a member of the N.S.C.A.A.? Y / N (choose one)

Emergency Contact: _____ Relationship: _____

Phone: (____) _____ - _____

If you have a disability or need special accommodations or assistance, please check here: _____ and call the State Office at (607) 962-9923

Return Application To: Terri Raeder
P.O. Box 1247
41 Riverside Dr.
Corning, NY 14830

or
office@nyswysa.org

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 ____/____/____
