



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:

National Youth License Course Fee: \$600.00 _____ *Residential candidates responsible for personal lodging.

Course Location: Sandy, Utah Course Date(s): August 10-15, 2009

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: S M L XL XXL (circle one)

Emergency Contact: _____ Telephone Number: _____

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 or money order payable to: UYSA; 4476 S. Century Drive Suite D Salt Lake City, Utah 84123; or complete the following credit card information. Note: full payment will be charged to your credit card.

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 _____