



Attach 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
(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: _____

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 cashiers check, money order, or personal check.

Signature _____ Date _____

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

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