



Attach Photo Here

NATIONAL YOUTH LICENSE 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: \_\_\_\_\_

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.

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

State Director of Coaching

State Association

PAYMENT: Enclose cashiers check, money order

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

FOR OFFICE USE ONLY:

Deposit Amount: \_\_\_\_\_ Received \_\_\_\_\_ Balance Due \_\_\_\_\_ Final Payment \_\_\_\_\_ Received on \_\_\_\_\_ Verification Letter \_\_\_\_\_
Withdrawn on \_\_\_\_\_ Refund Due \_\_\_\_\_ Refund Paid \_\_\_\_\_ Date Refunded \_\_\_\_\_