



Coach's Certification/License Application

Affiliated with United States Soccer Federation (USSF)

Name: _____
(First Name, Middle Name, Last Name, Maiden Name-if applicable)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth: ____/____/____ **Sex:** ____ *Male* ____ *Female*

Club Affiliation: _____

Coaching Experience:

Existing License: *Youth Module* *E License* *D License* *other* _____

Date Received: ____/____/____ **Location License was Received:** _____

Instructor: _____

Present Field of Coaching (check type)

Youth *Adult* *Professional* *Non Active*

Playing Experience: (highest level)

Youth *Amateur* *High School* *Professional*

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License Course Applying For: *Youth Module* *E License* *D License*

Location of Course: _____ **Instructor:** _____

Make All Checks Payable to: SC Youth Soccer, 7436 Broad River Rd. Suite 211, Irmo, SC 29063

For Office Use Only:
Payment Amount: _____ Check/ Credit Card No. _____
Received on: ____/____/____ License Mailed: ____/____/____

(No cash payments accepted for registration)