



Mail Application to:
 Wisconsin Youth Soccer Association
 c/o: Julie Schmitt
 10201 W Lincoln Avenue, Suite 207
 West Allis, WI 53227

Attach
Photo
Here

USSF NATIONAL 'C' LICENSE CANDIDATE APPLICATION

Date: July 28 - August 5, 2012
Location: Uihlein Soccer Park (7101 West Good Hope Road, Milwaukee, WI 53223)
Fee: \$800

COURSE REGISTRATION:

Name: _____ Sex: Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 email (required): _____ email 2: _____
 Date of Birth: _____ Place of Birth: _____ US Citizen? YES NO
 Emergency Contact: _____ Telephone: _____

If you have a disability or need special accommodations or assistance, please check here and contact the Wisconsin Youth Soccer Association at 888.328.9972 ext 100 or jschmitt@wiyouthsoccer.com.

Playing Experience: (School/Club; # of years)

Youth _____
 High School _____
 Amateur _____
 Professional _____

Coaching Experience: (School/Club; # of years)

Existing License(s): _____
Issued by USSF, NSCAA, Other Date Received/Date Renewed License Level and Number

Are you a member of a U.S. Soccer Coaching Organization? Member #: _____ Exp. Date: _____

PAYMENT: Check or Credit Card Authorization Payable to Wisconsin Youth Soccer Association

Note: Accommodations are not included in your course registration fee. Please refer to the course brochure for information regarding available lodging.

Check the appropriate box:

Payment in Full - \$800 Deposit - \$200

Credit Card Type: Discover MasterCard VISA
 Credit Card #: _____ Expiration Date: _____
 Name on Credit Card: _____ CVV Code: _____
 Signature: _____ Date: _____

Application is not complete until required documentation and payments are received.

FOR OFFICE USE ONLY:			
Deposit Amount: _____	(No.) _____	Received On: _____	Balance Due: _____
Final Payment: _____	(No.) _____	Received On: _____	Verification Letter: _____
Withdrew On: _____	Refund Due: _____	Refund Paid: _____	Date Refunded: _____