



Developmental Academy Application 2012

CLUB: _____

STAFF DETAILS:

Director of Coaching: Yes / No

Name: _____

Director of Coaching minimum 'C' License: Yes / No

Year Obtained: _____

Other qualifications: _____

Email Address: _____

Club administrator: Yes / No

Name: _____

Email Address: _____

I hereby acknowledge that all of the information on this application is correct and I will contact and inform Wisconsin Youth Soccer Association of any change in club information.

Director of Coaching:

Name: _____

Signature: _____

Date: _____



CLUB DETAILS:

Club Name: _____

Contact Person: _____

Web Page: _____

Email address: _____

Phone Number: _____

Club Facilities:

8v8

Name/ Number of Fields _____

11v11

Name/ Number of Fields _____

Restrooms: Yes / No

Lights: Yes / No



CLUB: _____

BOYS *Number of teams/Coach Name/ License Level*

U11 _____

U12 _____

U13 _____

U14 _____

GIRLS *Number of teams/Coach Name/ License Level*

U11 _____

U12 _____

U13 _____

U14 _____