



SACRAMENTO YOUTH SOCCER LEAGUE 2008 E/D Coach Clinic Registration Form

First Weekend

Second Weekend

Course dates: May 30, 31, June 1

June 7, 8

First weekend begins with Friday night classroom session (**Maximum if 15 coaches accepted**).

Course Location: Location and map will be mailed with notification of acceptance.

Course Contact: Steve Martinez
kidselite@usa.com

Candidates, please fill out completely:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ E-mail: _____

Phone: (Day) _____ (Evening) _____

Signature: _____ Date: _____

Coaching for: _____ Youth Soccer League
(ARYSL, CVYSL, RCYSL, SYSL, etc....)

Required attachments: Application will be returned if any of the following are missing.

- A. Photocopy of your CYSA E certificate. **YOU CANNOT TAKE THE COURSE WITHOUT THE PREREQUISITE E CERTIFICATE.**
- B. A check for \$ 115.00 payable to Sacramento Youth Soccer League
- C. A self-addressed pre-stamped #10 (LEGAL SIZE) envelope. You will be notified by return mail of your acceptance.

Note: Full refund will be given only if course is canceled or the applicant does not meet the required prerequisites. No refund will be given for withdrawal from course 10 days prior to course unless a properly documented replacement can be found.

Return form and attachments to: Steve Martinez, SYSL Coaching Coordinator
3430 47th Ave.
Sacramento, CA 95824

District use only

Date Application received _____ Photocopy of E Certificate received: Y N

Applicant fee received: Y N Check#: _____ Stamped Return Envelope included: Y N

Date Notification Mailed: _____