

# SACRAMENTO YOUTH SOCCER LEAGUE 2008 F Coach Clinic Registration Form

(Check One Box)

May 2 & 3 ~ Southgate Club



To register and be accepted to the clinic, **ALL 4 ITEMS MUST BE COMPLETED**:

1. Verify one the clinics listed above is check marked
2. Include a \$45 check (payable to SYSL)
3. Include a stamped, self-addressed envelope
4. Mail form, check, self-addressed stamped envelope, to:

Steve Martinez, Coaching Coordinator  
Sacramento Youth Soccer League  
3430 47th Avenue  
Sacramento, CA 95824

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Your Club: \_\_\_\_\_

Applicants will be notified of their acceptance into the selected course seven days prior to the tentative course date. Directions to the clinic location will be provided.

Approved By: \_\_\_\_\_ (SYSL Coaching Coordinator)