



# SACRAMENTO YOUTH SOCCER LEAGUE 2010 E/D Coach Clinic Registration Form

## Classroom Session

## Field Sessions

Course dates: June 3 (6:30-8:30pm)

June 5, 6, 12, 13 (7:00am-3:00pm) Land Park

Clinic begins with a Classroom Session (**Maximum if 15 coaches accepted**).

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

Course Contact: Steve Martinez (916) 607-9953

[kidselite@usa.com](mailto: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 47<sup>th</sup> Ave.  
Sacramento, CA 95824

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### **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: \_\_\_\_\_