

SACRAMENTO YOUTH SOCCER LEAGUE 2007 E Coach Clinic Registration Form

(Check One Box)

~~"E" April 28 - 29 Land Park (Closed)~~

"E" ~ May 18 - 20 ~ OLG



To register and be accepted to the clinic, **ALL 5 ITEMS MUST BE COMPLETED:**

1. Verify one the clinics listed above is check marked
2. Include **2 checks**, each for \$20.00 (payable to SYSL)
3. Include **a stamped, self-addressed envelope**
4. Include a copy of your "F" coaching license
5. Mail form, checks, self-addressed stamped envelope, and copy of F license 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)