



SACRAMENTO YOUTH SOCCER LEAGUE 2009 F Coach Clinic Registration Form

(Check One Box)

- July 19 ~ Dixon
- Sept. 13 ~ Parkway

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

1. Verify that one of 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)