



**NATIONAL YOUTH LICENSE
July 27th – 29th & Aug. 4th & 5th, 2012**

Mississippi Soccer Association will be hosting a National Youth License Coaching Course in Gulfport, MS from July 27th – 29th & Aug. 4th & 5th, 2012. Applications will be accepted until course is full.

DATES: July 27th – 29th & Aug. 4th & 5th, 2012

TIMES: Check in 4.30 PM on Jul. 27th. The course will end Sunday Aug. 5th.

LOCATION: SportsPlex, Gulfport, Mississippi.

<http://www.smscsoccer.com/LinkClick.aspx?fileticket=O1utQC8Mqqo%3d&tabid=63>

COST: \$550.00 (Accommodation not included)

HOTEL: Host hotel will be Holiday Inn Gulfport/Airport on 9515 Highway 49, Gulfport, MS 39503. Hotel provides free Wireless Internet, Breakfast, and Evening Cocktails.

COURSE PREREQUISITES: Candidates should be at least 18 years of age.

REGISTRATION: The following materials must be received to reserve a spot:

1. Completed Course Application
2. A \$200.00 non-refundable application fee (make checks payable to MSA) or full tuition.
3. One passport size photograph (1"X2")

All registration material should be sent to:

Mississippi Soccer Association
Attn: Tawni Osborn - NYL
628 Lakeland East Drive, Suite D,
Flowood, MS 39232

Acceptance is not guarantee until all required materials are received. Confirmation of acceptance will be sent along with a course schedule, directions, and other course materials.

Contact Mississippi Soccer Assn at techdirector@mississippisoccer.org



Attach Photo Here

NATIONAL YOUTH LICENSE CANDIDATE APPLICATION

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Date of Birth: ____/____/____ Place of Birth: _____ Male Female U.S. Citizen: Yes No (circle one) (circle one)

Course Registration:

Course Location: Sportsplex in Gulfport, Mississippi

Course Date(s): July 27th – 29th & Aug. 4th & 5th, 2012

Existing License(s): _____ Issued by USSF, NSCAA, Other _____ Date Received/Date Renewed _____ License Level & # _____

Member of US Soccer Coaching Organization? Member # _____ Exp. Date: _____ Member of US Youth Soccer Coaches Connection? Member # _____ Exp. Date: _____

T-Shirt Size (M, L, XL, XXL)

Emergency Contact: _____ Telephone Number: _____

Requested Roommate: _____

If you have a disability or need special accommodations or assistance, please check here and contact the hosting State Association.

PAYMENT: Enclose cashiers check, money order, or complete the following credit card information. *****Full payment will be charged to your credit card upon completion of credit card information on the application.**

MasterCard Visa American Express (Circle card type)

Card Number _____ ExpirationDate _____

Signature _____ Date _____

(Name as it appears on credit card)

Candidate has approval to take State Youth Coaching Module Instructor Course upon successful completion of National Youth License Course

State Director of Coaching

State Association

FOR OFFICE USE ONLY:

Deposit Amount: _____ Received _____ Balance Due _____ Final Payment _____ Received on _____

Verification Letter _____ Withdrew on _____ Refund Due _____ Refund Paid _____ Date Refunded _____