



*Select Team Registration Spring 2010*

Coach name: \_\_\_\_\_

Manager name: \_\_\_\_\_

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

Age group: \_\_\_\_\_ Boys\_\_\_ Girls\_\_\_

Assistant coach: \_\_\_\_\_ Certification \_\_\_\_\_

**REQUIRED EFFECTIVE FALL 2009**

***U9-U12 Select Teams***

Head Coach: USSF "E" Certificate

Assistant Coach: US Youth Soccer Youth Module

***U13-U19 Select Teams***

Head Coach: USSF State "D" License

Assistant Coach: USSF "E" Certificate

**Coach's certification** \_\_\_\_\_

**Include copy of Certification with form (if you have not already sent it in).**

Coach's Fee: \_\_\_\_\_

Requested tryout dates: \_\_\_\_\_

***November 2<sup>nd</sup> through November 15<sup>th</sup>.***

**Times:** \_\_\_\_\_

**This form must be received by the NCYSA by October 23<sup>rd</sup>.**

**NCYSA will assign fields, and if all info is received in time will try to have tryout dates and time run in the Ky Standard week off 10-26 to 30<sup>th</sup>.**

**Fax: 502-714-5520 or email: [Maureen@mattingly-sons.com](mailto:Maureen@mattingly-sons.com)**