



Coach's Certification/License Application

**Name**

(as appears on birth certificate)

Address

(Must be complete to mail certificate)

E-mail Address

Phone #

Home

Cell

Date of Birth

Club Affiliation

(i.e. Easley Soccer Club, Blue Crab United)

Coaching Experience

Present Category of License Held

(i.e. Youth Module, E, D)

When and Where License Was Obtained

Present Field of Coaching

(check type)

Youth	<input type="checkbox"/>	Adult	<input type="checkbox"/>
Boys	<input type="checkbox"/>	Professional	<input type="checkbox"/>
Girls	<input type="checkbox"/>	Non-Active	<input type="checkbox"/>

Playing Experience

(Check highest level)

Youth	<input type="checkbox"/>	High School	<input type="checkbox"/>
Amateur	<input type="checkbox"/>	Professional	<input type="checkbox"/>

License Course Applying For

(i.e. Youth Module, E, D, C)

Location of Course

(i.e. Greenville, Columbia, Charleston)

Instructor

For Office Use Only

Passed Failed

Check #

Amount

Paid by Credit Card
