



NJYS "D" LICENSE CANDIDATE APPLICATION

Please Print Clearly

Name: _____ E- mail: _____

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

Home Phone: _____ Business Phone/Mobile Phone: _____

Club Affiliation: _____

Course Registration:

Course Location: _____ Course Date(s): _____

"E" License: _____ (Please attach copy to this application)

Issued by State Association, _____ Date Received _____

Note: In order to be eligible to take a "D" License Course through New Jersey Youth Soccer, you must have held an "E" License for a minimum of 12 months. Applications will not be considered if copy of "E" License is not attached..

Emergency Contact: _____ Telephone Number: _____

If you have a disability or need special accommodations or assistance, please check here and contact the Director of Coaching for New Jersey Youth Soccer.

PAYMENT: Cost of the Course is \$150.00

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 (Circle card type)

Card Number: _____ Expiration Date: _____

(Name as it appears on credit card) Signature _____ Date _____

Mail your application and payment to

New Jersey Youth Soccer
569 Abbington Dr Suite 5
East Windsor, NJ 08520

FOR OFFICE USE ONLY:

Deposit Amount: _____ Received _____ Balance Due _____ Final Payment _____ Received on _____
Verification Letter _____ Withdrew on _____ Refund Due _____ Refund Paid _____ Date Refunded _____