

RIVER CITY YOUTH SOCCER LEAGUE

CERTIFICATION OF INTENDED COACH COURSE

RECREATIONAL CLUBS ONLY

Coach Applicant: _____

Head Coach Assistant Coach

Club Name: _____ Club Number: _____

Team Name, if known: _____

I certify that I am registered in the following Coaching License Course:

Course Level: F E E/D

Course Dates: _____

Location of Course: _____

Sponsoring League: _____

I understand that upon completion of my course I must provide the Club Registrar with a photocopy of my Coaching License card to attest to my satisfactory completion of this course.

I understand that a Coach Pass cannot be issued without proper documentation.

Comments:

Signature: _____ Date: _____