

IYSA Club Coach Registration Request (Registration Fee \$ 25)

COACH INFORMATION:

Date: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HM PHONE: _____ WK PHONE: _____

SIGNATURE _____

CLUB INFORMATION:

CLUB NUMBER: _____

CLUB NAME: _____

CLUB REGISTRAR: _____

CLUB ADDRESS: _____

CITY, STATE, ZIP: _____

HM PHONE: WK PHONE: _____

The above-named COACH has been approved by the Indiana Youth Soccer Association to serve as the Club Coach for Club # _____ during the _____ season.

Signature of IYSA Registrar

Date

IYSA Stamp

Fee Paid

Indiana Youth Soccer Association
5440 Herbert Lord Rd
Indianapolis, IN 46216
317-829-0560 or 800-347-4972 or Fax 317-829-0555

Revised 12/00