



5:05:00

United States Youth Soccer of Nevada COACHES LICENSE WAIVER FORM

I wish to have the following Coaching License Waived
(Must be supported with appropriate documentation)

_____	U06/U08 Youth Module	\$10.00 Fee
_____	U10/U12 Youth Module	\$10.00 Fee
_____	'E' License	\$15.00 Fee
_____	'D' License	\$20.00 Fee

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell: _____ H Phone: _____ W Phone: _____

Please describe and/or list your playing or coaching experience: (Please also submit written proof from any or all institutions where you played or coached.)

Approved _____ Disapproved _____
SDOC – Eddie Henderson _____ Date _____

Reason: _____

Mail form and check or Money Order to:

United States Youth Soccer of Nevada
5650 W. Charleston Blvd. #13
Las Vegas, NV 89146

(702) 870-3024 (O) * (702) 870-9990 (F)

www.usysnv.net * usysnv@aol.com * nutmeg90@yahoo.com