UNITED STATES FUTSAL FEDERATION





	COAC	COACHES REGISTRATION (print firmly and legibly to make clear copies)								
	LAST N	AME		FIRST NAME					SEX	
	ADDRE	SS		CITY _						
\int	STATE	ZIP C	ODE	- HOME PHONE WORK PHONE						
	SOCIAL	. SECURITY	Y NUMBE	R BIRTH DATE						
	PLACE	OF BIRTH	X	CITIZENSHIP USA OTHER(country)						
	LANGU	AGES SPO	KEN							
	REGISTRATION IS FOR (check only one please) COACH INSTRUCTOR									
9	LOCAL	LOCAL ASSOCIATION PRESENT STATE ASSOCIATION								
PREVIOUS AFFILIATIONS/STATE ASSOCIATIONS OTHER FUTSAL/SOCCER ORGANIZATIONS										
	FIRST	IRST REGISTERED WITH U.S. FUTSAL								
	AFFILIA	AFFILIATED GAME EXPERIENCE COACHONLY PLAYER ONLY					UPGRADE REQUEST (complete only for upgrade)			
	GAME LE	VEL (FUTS	AL/5-A-S	IDE/MINISOCCER) COACH PLAYER			CURRENT GRADE			
	INTERNAT	INTERNATIONAL F.I.F.A. APPOINTMENTS								
	_	ONAL GAMES (F	DE)			CAREER GAMES FOR UPGRADE TO NEXT LEVEL				
) —	ONAL GAMES (C		c			I HAVE MET THE REQUIREMENTS			
\neg	.) —	ONAL LEVEL GAI		,	AND REQUEST AN UPGRADE					
$\overline{}$	REGIONAL	LEAGUE GAME	S				FROI	M MY CURRENT GRADE TO		
	TOP AMAT	EUR/DIVISION 1	GAMES				UPGRADE CLINIC ATTENDED			
	OTHER AN	NATEUR GAMES					COACH INSTRUCTOR (mark one)			
		NDER 19) GAME					LOC	LOCATION (City & State)		
		NDER 16 AND BE					BEGINNING & ENDING DATES			
	OTHER GA	OTHER GAMES (SPECIFY)					INSTRUCTOR			
I certify that all the information entered on this registration is correct. I also certify that I have no physical illness or impairments which will make participating in Futsal/5-A-Side related activities dangerous to me										
L C	GRAD	E ACTIVE	OTHER	CERTIFICATION/UPGRADE INFORMATION CERTIFICATION OF COMPLETION						
	20 Internatio	nal 1 2		6 Field Test Pass Fail						
=	National	3 4	13 14							
-	Regional	5 6	8 17 18							
9	S tate	7 8		Date Initials Signature						
	Coach	9 10					C omments			
-	Associate	11 12								
	<u>. </u>	1								
(0	Cash L	Check #							certification 🔲	
	Amount P	Amount Paid						Upgrade Other		

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