



# WYSC Travel Team Sponsorship Application

**ALL fields MUST be completed**

<b>Team Name</b> _____	Age Division: Under- _____	Gender: Boys _____	Girls _____
Returning WYSC team: YES NO	League: ODSL WAGS NCSL		
Team Website: _____			

<b>Head Coach Name:</b> _____	Last Name: _____
Email (PRINT): _____	Home Phone: _____ Cell Phone : _____
Coaching Certification: USSF _____ USYSA _____	Referee Grade: ___/___/___ Must obtain prior to start of season

<b>Assistant Coach Name:</b> _____	Last Name: _____
Email (PRINT): _____	Home Phone: _____ Cell Phone : _____
Coaching Certification: USSF _____ USYSA _____	Referee Grade: ___/___/___ Must obtain prior to start of season

<b>Team Manager Name:</b> _____	Last Name: _____
Email (PRINT): _____	Home Phone: _____ Cell Phone : _____

**Practices:** Each travel team will have 2 weekly practices, each up to 2 hours long. One practice will be held on a weekday. The second practice will be on Saturday.

Preferred weekday practice day: _____	Location: _____	Time: 5:00 to 7:00
Second practice will be: <b>Saturday</b>	Location: _____	Time: _____

**NOTE:**  
New coaches applying to the travel program not currently holding the appropriate coaching certification will have until the start of their next season to obtain the necessary coaching certification. Under-11 coaches will need to obtain an "E" certification. Coaches for Under-12 and older will need to obtain a "D" certification.

**Application COMPLETED BY** (PRINT): \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Sign:** \_\_\_\_\_

<b>WYSC USE ONLY</b>
Received by: _____ Date Received: _____
Comments: _____
Approved / Rejected by: (PRINT) _____ Date: ___/___/___
Sign: _____