



MANITOBA SOCCER ASSOCIATION PROVINCIAL B LICENSE COACHING PROGRAM COURSE



Last Name: _____

First Name: _____ **Date of Birth:** _____

Home Address: _____

_____ **Postal Code:** _____

Telephone: _____(home) _____(business)

Email: _____

Citizenship: _____ **Country of Birth:** _____

Club or Association: _____

Do you have a physical or other disability or medical condition?

Yes: No: If yes, please give full details: _____

I hold the following certification (please check):

- | | Year and Country obtained |
|-----------------------------------|--------------------------------|
| CSA 'C' License/NCCP Level 3 | <input type="checkbox"/> _____ |
| CSA Community Coach Certificate | <input type="checkbox"/> _____ |
| CSA 'B' License Pre-Test Pass | <input type="checkbox"/> _____ |
| International Equivalent | <input type="checkbox"/> _____ |
| National Team/Professional Player | <input type="checkbox"/> _____ |

NCCP Coaching Passport # (Required) _____





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Please enroll me in the following Course

Provincial B License Course

Dates: Practical Instruction & Demonstration – Glenlawn Collegiate – 770 St. Mary’s Rd

March 12, 2010 – 6:00 – 10:00 pm

March 13, 2010 – 9:00 am – 5:00 pm

Practical Assessments – Glenlawn Collegiate – 770 St. Mary’s Rd

March 19, 2010 – 6:00 – 10:00 pm

March 20, 2009 – 9:00 am – 5:00 pm

Dates: 3 Classroom Sessions – Glenlawn Collegiate – Room 103 - 770 St. Mary’s Rd

March 15, 2010 – 6 – 10 pm

March 17, 2010 – 6 – 10 pm

March 18, 2010 – 6 – 10 pm

Cost: \$300.00

Note: *All course fees include the cost of tuition and course materials.*

Method of payment (please make cheques payable to the Manitoba Soccer Association):

Cheque To the amount of: \$ _____

To be invoiced Name and address of Club/Association

Authorized by (name): _____

Signed: _____

I agree to abide by the Course regulations, and understand that neither the Manitoba Soccer Association nor Glenlawn Collegiate, which provides the facilities, is under any liability in respect of injury which I may sustain.

Signed: _____ Date: _____

**Please complete and return this form to the Manitoba Soccer Association,
211 Chancellor Matheson Rd, Winnipeg, MB R3T 1Z2
Fax: 204-946-5797**

The application is invalid without payment

