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North Texas State Soccer Association Coaching Education Class Roster



Association:

Clinic Dates:

to

Instructor In Charge:

Name (PLEASE PRINT)	Address (PLEASE PRINT)	City (PLEASE PRINT)	Zip	Phone	Email (PLEASE PRINT)	Home Assoc.
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THIS ROSTER WITH ALL LEFTOVER MATERIALS IS DUE TO NTSSA ONE (1) WEEK AFTER CLINIC