

E

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