



Alberta Soccer Association Sanctioning Application

This application should be forwarded with your \$100 application fee and detailed information as outlined in the sanctioning process. No application will be considered without the fee and the appropriate documentation.

Name of Organization: _____

Address: _____

City: _____, Postal Code _____

Contact Person _____, Email: _____

Phone Number: (H) _____, (W) _____, (C) _____

Alternate Contact _____, Email: _____

Phone Number: (H) _____, (W) _____, (C) _____

Application Type: (Academy, clinic, etc...)

Type: _____ Dates: _____ Location: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Age group of Participants: _____

Instructor's names and highest level of certification: (Technical and NCCP theory)

1 - _____ 2 - _____

3 - _____ 4 - _____

5 - _____ 6 - _____

Name of First Aid/CPR trained person on location: _____

**** Please refer to pertinent sanctioning information and submission requirements as it relates to your application.**