

Application to Host A New York West Coaching Course
New York State West Youth Soccer Association
41 Riverside Dr.
Corning, NY 14830
800-789-4806 Fax - 607-962-0525
Web Site – www.nyswysa.org

HOSTING INFORMATION:

Club/League Name _____ **District** _____
Address _____
City _____ **State** _____ **Zip** _____ **Phone ()** _____

Local Course Administrator: (See responsibilities on a separate sheet)

Name: _____
Address: _____
City: _____ STATE _____ ZIP Code _____
Home Ph. #: () _____ Work Phone #: () _____
Fax #: () _____ E-mail: _____

Requested Course Dates: (Minimum of four (4) weeks prior to the starting date.)
1st.Choice: _____ **2nd.** _____ **3rd.** _____

Time: _____ **LOCATION/SITE:** _____

Course Level Requested:	Course	Fees	# of candidates
_____ Youth Modules (4 hrs.)	U6-U8	\$30 per person	_____
_____ Youth Modules (4 hrs.)	U8-U10	\$30 per person	_____
_____ "E" License (18 hours)	12 - 13	\$95 per person	_____
_____ "D" License (36 hours)	14 - Up	\$155 per person	_____

(Minimum of 15 paid participants to hold a course – more can be added later)

Directions to site: _____

For office Use Only:

Instructor _____ Phone () _____ Fee _____
Instructor _____ Phone () _____ Fee _____
Instructor _____ Phone () _____ Fee _____
Administrator _____ Phone () _____ Fee _____