



## APPLICATION TO HOST COACHING COURSE/CLINIC

COURSE: (CIRCLE ONE) D LICENSE E LICENSE F LICENSE G LICENSE MINI-CLINIC – TOPIC: \_\_\_\_\_

DATE(S): \_\_\_\_\_ TIME(S): \_\_\_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_

LOCATION: CITY/STATE/FACILITY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SITE COORDINATOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SIGNATURE OF SITE COORDINATOR \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Please submit application *at least one month prior to the first scheduled date of the course/clinic* to Eastern Pennsylvania Youth Soccer (Attention: Danielle Fagan, Assistant Director of Coaching) via one of the following methods:

- Mail: Eastern Pennsylvania Youth Soccer  
4070 Butler Pike Suite 100  
Plymouth Meeting, PA 19462
- E-mail: [dfagan@epysa.org](mailto:dfagan@epysa.org)
- Fax : 610 238-9933

### FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_ DATE POSTED ON WEBSITE: \_\_\_\_\_

INSTRUCTOR(S): \_\_\_\_\_