



9034 N. 23rd Ave. Suite 10
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COACHING COURSE HOSTING FORM

Course Coordinator

Club Affiliation: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (h): _____ Phone (c): _____

Fax: _____ E-mail: _____

Location/Site

Outdoor field-Indoor playing surface when weather dictates
Classrooms - TV & VCR, Blackboard and Overheard Projector Screen

Site: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates: _____ Time: _____

____ Youth Modules (5 hrs) ____ E-Certificate (18 hrs) ____ D License (36 hrs)

*The application must be submitted to the AYSA Technical Director for approval at least four (4) weeks in advance of the requested starting dates. Please have a minimum of 15 paid participants to hold the course

Office Use

Course Instructor: _____ Hosting Club: _____ Level: _____

Number of Candidates: _____ Paid: _____ Completed: _____

Dates: _____