

Request to Host Pa West Soccer State Coaching Course

Club: _____

Course Request (*circle one*):

Introductory Course

Intermediate Course

U6/U8 Youth Module*

U10/U12 Youth Module*

E Certificate

D License

Coaching Clinic (age group) _____

Team Practice Session (age group) _____

Date(s) Requested: _____

Times Requested: _____

Course Location: _____

Course Location Address: _____

Directions: _____

On-Site Coordinator Name: _____

On-Site Coordinator Cell Phone: _____

Club Contact Name (if different): _____

Club Contact Daytime Phone: _____

Club Contact Cell Phone: _____

**Deposit of \$225.00 made payable to PA West Soccer Association required.*

If your local organization is interested in hosting a PA West Soccer State Coaching License course, please complete the "Request to Host" Form and send to:

PA West Soccer Association: Attn, Coaching Education, 111 Whitehead Lane, Suite 200, Monroeville, PA 15146 or fax to 412-856-8012.