

Request to Host Pa West State Coaching Course

Club: _____

Course Request (circle one)

Introductory Course *U6/U8 Youth Module *U10/U12 Youth Module

E License D License Top Soccer Certificate

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 E-Mail: _____

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 State Coaching License course, please complete the "*Request to Host*" Form below and remit to:

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