

**Ohio South Youth Soccer Association
Coaching Education Program
Application to Host**

Our organization wishes to apply to the OSYSA Coaching Education Program to conduct and host an:

_____ F Course
_____ E Course
_____ D Course
_____ Youth Module (___ U6-U8 or _____ U8-U10)

Requested dates and times for the course to be held are:

_____ from _____ am/pm to _____ am/pm
_____ from _____ am/pm to _____ am/pm
_____ from _____ am/pm to _____ am/pm
_____ from _____ am/pm to _____ am/pm

Name of Organization hosting the course _____
Person Requesting the course _____
Title _____
Email Address: _____
Phone Number: _____

The site coordinator will be _____
Site Coordinator Email _____
Site Coordinator Phone _____
Site Coordinator Address _____
City, State, Zip _____

I certify that this site coordinator will be responsible for checking in and collecting any fees due from the participants on the first day of the course. They will be responsible for handing out any license books/materials. They will be responsible for taking attendance each day of the course. License course materials will be shipped to the site coordinator's address unless specified otherwise. Upon completion of the course, the site coordinator will return all extra materials to the Ohio South office. Any extra books not returned will be billed to the Hosting Organization.

The facility name and address where the course will be held is:

Name of Classroom Facility _____
Address, City, Zip of Class Facility _____

Name of Facility where Field sessions will be held _____
Address City, Zip of Field _____

The maximum number of participants this course can hold is _____.

There is a facility fee of \$ _____ to have the course at these facilities.

We do/do not request a specific instructor _____

Signature of Person Requesting the Course _____ Date _____