



IYSA Coaching Education Application to Host a Course

Upon Completion, submit this form via mail, email or fax:

Illinois Youth Soccer Association (Attn: Coaching Education)
1655 S. Arlington Heights Rd, Suite 201
Arlington Heights, IL 60005 (Fax 847-290-1576) (Email) cep@illinoisyouthsoccer.org

Please read and fill-in the information in its entirety. This form must be submitted at least 30 days prior to your clinic date to be considered.

Our Organization (i.e., league, club, etc.) wishes to apply to host below Coaching Education Course:

- Recreational Clinic (member organizations only)
- E License (18 Hours)
- D License (36 Hours; must be a 10 week break after first 18 hours)

Requested Date(s) for course to be held are:

Date(s) _____

Note: Once the dates and course are approved by the Coaching Education Department specific times for the course will be established, and the information will be posted on the website at www.illinoisyouthsoccer.org under "Coaches".

Club Name _____ Person Requesting _____

Title _____ Cell Phone _____

Email _____ Facility _____

Recommend that the Site Coordinator be present to assist instructor. Below is required in order to host:

- Classroom (seating minimum of 15)
- Field space to run practice sessions (grass, turf, futsal, gym)
- Minimum number of candidates (15)

Contact Rico cep@illinoisyouthsoccer.org with questions.

For Office Use Only:	Received _____	Member Organization _____
Director of Coaching _____	Assigned _____	