



LONG ISLAND JUNIOR SOCCER LEAGUE COACHING ACADEMY HOST A COURSE APPLICATION



Office use only

Course Number _____

**A CLUB CHECK MUST ACCOMPANY
THIS APPLICATION FOR PAYMENT OF
20 COACHES. PLEASE SUBMIT AT
LEAST 3 WEEKS PRIOR TO THE START
OF THE FIRST SESSION.**

DATE

***Note to Course Coordinator:** Once this application is received by LIJSL, the Coaching Academy Director will be notified and will contact you with further instructions for course set-up. Your name, email, phone number, and club name will be listed on the LIJSL course posting. Coaches wishing to take the course will contact you to register. Please review "Course Coordinator Instructions".*

Please check course requested: 4V4 7V7/9V9 11V11 OTHER _____

Club: _____

Coordinator's Name: _____ Phone: _____

Address: _____

Town: _____ Zip: _____ Email: _____

Name/Address of Facility:

Any special instructions for directions/course site?:

Date(s) of course: _____

Day of course: _____ Time(s): _____ Make-up Date: _____

Name of Instructor requested (if any):

Office use only: Coaching Academy Director notified – Date: _____