



# 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: \_\_\_\_\_