

Office Use Only: Date Rec'd: / / Check # Check Amt:



California Youth Soccer Association – South

NATIONAL STATE ASSOCIATION OF THE
UNITED STATES YOUTH SOCCER ASSOCIATION
AND THE UNITED STATES SOCCER FEDERATION



HOST FORM
YOUTH MODULE and YOUTH MODULE 3

**This form is to be completely filled out and turned into the State Office 30 days prior to the start date of a course.
ONE COURSE PER HOST FORM.**

LEAGUE INFORMATION

Sponsoring Organization: _____ District: _____
Contact Person: _____
Contact Number: (_____) _____ Contact E-mail: _____

SITE INFORMATION

Site Name: _____ Course Date(s): _____
Course Times: **YM** Sat or Sun 8am-11pm Sat or Sun 1pm-4pm Mon thru Fri 6pm-9pm Other time: _____ to _____
YM3 Sat or Sun 9am-2pm Sat or Sun 12pm-5pm (with YM 8am-11am, same day) Other time: _____ to _____
Address: _____ Meeting Place: _____
City: _____ State: _____ Zip: _____
Directions (specify major freeways): _____

COURSE INFORMATION:

Please Check YM Module - \$15 YM Module 3 - \$15
One per candidate: _____ per candidate: _____
Prepay Information-Payment must be in the State Office prior to course start. It is the leagues responsibility to do on-site registration.
 15 Candidates (minimum) \$225 20 Candidates-\$300 30 Candidates-\$450
 40 Candidates -\$ 600 50 Candidates-\$750 Other _____ x\$15 per candidate= _____
Options:
 Post Course on Website (if checked, please indicate the maximum capacity. Your prepay amount will be deducted from this amount and the available spots will be placed on the website.) MAX. CAPACITY
 Send Certificates of completion to contact MAILING ADDRESS _____

As contact for the course, you understand that the following are mandatory requirements for the course:

Field, Classroom, TV/VCR, First Aid Kit, Bathrooms, Water

Youth Module requires at least six (6) U6-U9 players.

Youth Module 3 requires at least eight (8) players over the age of 10.

Turn in to the Cal South State Office

1029 S. Placentia Ave. • Fullerton, CA 92831 • T: 888-429-7276 • F: 714-441-0725
Internet Address: <http://www.calsouth.com> • email address: coaching@calsouth.com

Contact Person: _____
Signature _____ Date _____
Assigned Instructor: _____
Name _____ Contact Number _____
District Head Coach: _____
Signature _____ Date _____
State Director of Coaching Education: _____
Signature _____ Date _____