



Connecticut Junior Soccer Association
 11 Executive Dr.
 Farmington, CT 06032
 PH: 860-676-1161
 Fax: 860-676-1162
 www.cjsa.org



COACHING COURSE HOSTING FORM

<u>Course Coordinator</u>		
Club Affiliation: _____		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone (h): _____	Phone (c): _____	
Fax: _____	E-mail: _____	

<u>Location/Site</u>		
Indoor playing surface when weather dictates - Outdoor field for warmer weather		
Classrooms - TV & VCR, Blackboard and Overhead Projector Screen		
Site: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Dates: _____	Time: _____	
____ Youth Modules (5 hrs) ____ E-Certificate (18 hrs) ____ D License (36 hrs)		

*The application must be submitted to the CJSA DOC for approval at least four (4) weeks in advance of the requested starting dates. Please anticipate a minimum of 20 paid participants to hold the course.

<u>Office Use</u>		
Course Instructor: _____	Hosting Town: _____	Level: _____
Number of Candidates: _____	Paid: _____	Completed: _____
Dates: _____		