



AMERICAN YOUTH SOCCER ORGANIZATION
 a non profit corporation dedicated to youth soccer
 everyone plays

**AREA P
 INTERMEDIATE COACHING CLINIC**

WHO: COACHES AND ASSISTANT COACHES

REQUIREMENTS: MUST HAVE COMPLETED: AYSO YOUTH COACHING COURSE

WHEN: Thursday & Friday January 15-16, 2009 6:00PM – 10:00 PM
 Saturday January 17, 2009 8:00AM – 5:00 PM

WHERE: John H. Liechty MS, [650 S. Union Ave., Los Angeles, CA 90017](#)
 Thurs & Friday Night 6:00-10:00pm @
 Saturday. 8:00 am – 5:0 pm

COST: \$25.00 per participant with application

REGISTRATION: Limited to 35 people. Registration forms must be received by **January 1, 2009**. Tear off and mail the completed form at the bottom of this page to:

Daniel Sherrin
 11921 Juniette St., Culver City, CA. 90230
 or
 Fax to (310) 552-1219

ANY QUESTIONS CALL (310) 306-1373 or email dsherrin@topa-ins.com

Materials/Equipment Required: Bring notebook and pen for classroom instruction. Field instructions will require athletic apparel, tennis shoes or cleats, shorts, soccer ball and shin guards if desired for all three days. Please bring sunscreen, Lunch and water or drinks for Sat and Sun.

You **MUST** attend **ALL 3 DAYS/ 17 Hours** of the course to be certified. **No split sessions are allowed.** Form must be signed by Regional Coach Administrator confirming successful completion of AYSO YOUTH COACHING COURSE.

**REGISTRATION FORM
 AREA P INTERMEDIATE COACHING CLINIC**

NAME _____ **PHONE** _____
 Print your name

ADDRESS _____

CITY _____ **ZIP** _____

REGION: Region Name: _____ Email: _____

Years of Coaching Experience _____ Soccer Playing Experience: Amateur High School College Professional None Completed Safe Haven Date: _____

What level have you coached? U-8 U-10 U-12 U-14 U-16 League Tournament Allstar Boys Girls

The above named person has successfully completed the AYSO YOUTH COACHING COURSE

Regional Coach Administrator _____
 Print Name

 Signature