



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

AREA P
ADVANCED COACHING CLINIC

WHO: COACHES AND ASSISTANT COACHES

REQUIREMENTS: MUST HAVE COMPLETED: AYSO INTERMEDIATE COACHING COURSE

WHEN: Friday July 14, 2006 6:00PM – 9:00PM
 Sat & Sun July 15 & 16, 2005 8:00AM – 5:00PM

WHERE: To Be Announced – Participants will be contacted directly to confirm registration and location of session.
 Friday Night 6:00-9:00pm @ TBD
 Sat/Sun. 8:00 am – 5:00 pm @ TBD

REGISTRATION: Limited to 40 people. Registration forms must be received by **July 1, 2005**. 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/ 19 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 Intermediate Coaching Course.

REGISTRATION FORM
AREA P ADVANCED COACHING CLINIC

NAME _____ **PHONE** () _____
 Print your name

ADDRESS _____
CITY _____ **ZIP** _____

REGION #: _____ Region Name: _____ Email: _____
Years of Coaching Experience Soccer Playing Experience: Amateur High School Completed Safe Haven
 College Professional None Date: _____

What level have you coached (Circle): U-8 U-10 U-12 U-14 U-16 League Tournament Allstar Boys Girls
 The above named person has successfully completed the AYSO INTERMEDIATE COACHING COURSE

Regional Coach Administrator _____
 Print Name

 Signature