

Member/Organization:_

West Virginia Soccer Association P. O. Box 3360 Beckley, WV 25801 Phone 304-252-9872 or 1-800-894-9872 Fax 304-252-9878 www.wvsoccer.net



Coaching Course Hosting Form

District:_

Address:			
City:	State:	Z	ip:
Phone:	Fax:		
Location/Site			
1 0			eld for warmer weather, classrooms,
TV, VCR, Blackboard and O	verhead Project	for Screen.	
Site:			
Address:			
Administrator Name:Address:			
City:	S	tate:	Zip:
Phone:			
E-Mail:			
The application must be submitted for approval at least (60) Days in advance of the requested starting dates. Circle the course you wish to host below: WVSA G Certificate U6, U8, (3 hours) WVSA F Certificate U10, U12 (6 hours) WVSA E Certificate (18 hours) WVSA "D" License (36 hours)			
•	,		,
1 St Choice Date/Times	2 nd Choice l		3 rd Choice Date/Time
Day1:	Day 1:		Day 1:
Day 2:	Day 2:		Day 2:
Day 3:	Day 3:		Day 3:
Day 4:			Day 4:
Day 5:	•		Day 5:
Day 6:	Day 6:		Day 6:

The G, F and E Courses may be held on a weekend or week nights. Max of 3 hours for any week night.

"D" licenses do not have to be scheduled for consecutive weekends, they can be split.