



# FUN SOCCER



## WORKSHOP APPLICATION PLEASE PRINT

NAME OF CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

WORKSHOP THEME REQUESTED: \_\_\_\_\_

DATE: (1<sup>ST</sup> CHOICE) \_\_\_\_\_ DATE: (2<sup>ND</sup> CHOICE) \_\_\_\_\_

LOCATION OF COURSE: \_\_\_\_\_

MINIMUM FEE: \$50\* (+ \$10 PER COACH OVER 15)

MINIMUM FEE IS NON-REFUNDABLE

QUESTIONS: [cysad7office@gmail.com](mailto:cysad7office@gmail.com)  
(559) 227- 2972

PLEASE MAKE CHECK PAYABLE & SEND TO:  
CYSA District 7  
4285 N. First Street,  
Fresno CA 93726

• Depending on Instructor(s) needed an additional fee maybe charged.

THANK YOU!!!

FOR STAFF USE ONLY

\_\_\_\_\_  
CHECK NUMBER                      \$ \_\_\_\_\_ AMOUNT                      \_\_\_\_\_ DATE RECEIVED                      \_\_\_\_\_ INITIAL

Confirmed