

D-7 Coaching Course Request Form

SEND TO: DISTRICT 7 OFFICE

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ YOUTH SOCCER LEAGUE

TYPE OF COURSE REQUESTED		
LEVEL		COST
DISTRICT F	-----	\$ 600 (PER 20 COACHES)
DISTRICT E	-----	\$ 750 (PER 20 COACHES)

COURSE: \_\_\_\_\_

LOCATION OF EVENT (address/  
etc.): \_\_\_\_\_  
\_\_\_\_\_

INSTRUCTOR REQUESTED (If Available): \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_

(Required)

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Send to: CYSA District 7 Office**  
**4285 N 1<sup>st</sup> St**  
**Fresno, CA 93726**  
**cysad7office@gmail.com**