

HOSTING STYSA COACHING EDUCATION COURSE APPLICATION

A sponsoring association will assign a course Coordinator who will have the responsibility to establish and maintain a liaison between the course participants and STYSA. STYSA will assign a course instructor and provide both the instructor and coordinator with appropriate information. STYSA will supply the course materials and forms. STYSA will post to the Course Schedule website.

1. Application / Fee / Materials:

- a) No less than four (4) weeks prior to the course's commencement, send to STYSA Coaching Department a completed Hosting STYSA Coaching Education Course Application and a \$50.00 non-refundable application fee.
- b) The minimum number of participants is twelve (12) for Youth Modules and fifteen (15) for the E and ten (10) for the D Clinic. The sponsoring association may cancel the course up to ten (10) working days prior to the start date of the course; within ten (10) working days, the sponsoring association is financially responsible for the minimum number of candidates.

Course Level	Minimum # of Participants	Cost Per Participant	Total Cost
U6/8 Module	12	\$30.00	\$360.00
U10/12 Module	12	\$40.00	\$480.00
"E" Clinic	15	\$85.00	\$1275.00
"D" Clinic	15	\$135.00	\$2025.00

- c) No later than five (5) working days prior to the start of the course, the final number of rostered candidates must be submitted to the STYSA Coaching Department. Materials are shipped via UPS ground – anything later than five (5) days may result in the association being billed for extra shipping charges. If additional candidates are added to that final number, permission to do so must be obtained from the STYSA Coaching Department and the sponsoring association will be billed for shipping additional materials.
- d) If fewer than the minimum number of candidates attend the course, the sponsoring association is responsible for the fees for the stated minimum number of participants. The STYSA Coaching Department reserves the right to cancel any course if its implementation would be compromised by a lack of participation.
- e) The sponsoring association will be billed for the number of candidates for whom materials were shipped. Unused materials may be returned to the STYSA Coaching Department for a refund less shipping costs. Credit will not be given for damaged materials returned to the state office.
Unused materials may not be retained by the sponsoring association and used for future courses.

2. Participants / Facilities:

- a) If hosting a "D" Clinic, the sponsoring association coordinator must receive a copy of each participant's "E" license to verify that the participant has held an "E" license for one (1) year or have an approved waiver letter. Contact the STYSA office when you have more than 10 candidates so an additional instructor may be scheduled.
- b) If hosting a Youth Level Course, arrange for a youth team, of the same age, to attend for one (1) hour of the field sessions.
- c) Facilities: Classroom should include seating with tables/desks for entire class, blackboard or easel, TV/VCR (if hosting "D" or "E") and restrooms. Fields: must have a minimum of 2 goals with nets, should be lighted in late fall and winter, and restrooms nearby.
- d) Publicize the course and notify participants of date, time, and location.
- e) Each coach in the "Goalkeeper" course should bring a goalkeeper for the last hour (minimum) of the field session.
- f) Arrange to collect Course/Instructor Evaluations at the conclusion of the course and return to STYSA immediately. The instructor may not review the Evaluation Forms.

HOSTING A STYSA COACHING EDUCATION COURSE APPLICATION

**Host Association / Club
Requesting Course:**

Coordinator:

Email:

Phone Number to Post on Website:

(H) Phone:

(W) Phone:

Home Address:

City:

Zip:

Course Requested: ___ U6/8 ___ U10/12 ___ "E" ___ "D" ___ GK ___ Spanish

Date(s) Requested:

1st Choice

2nd Choice

3rd Choice

Must give (3) dates to work with.

Anticipated Number of Participants:

Proposed Site:

Time(s):

The Following Required Amenities Are Available:

___ Classroom ___ Chalkboard/Easel ___ Restrooms ___ Playing Field Goals/Nets ___ Lighted Field

Preferred Clinician(s):

STYSA will make every effort to schedule a particular clinician, if requested

As the course coordinator, I agree that, I or my designee, will collect course evaluations at the conclusion of the course and return them to STYSA. My initials signify that I acknowledge and understand this requirement. _____

Signature of Coordinator:

Signature of Hosting Association Officer:

**Mail Application With \$50.00 Application Fee (Make Check Payable to STYSA)
STYSA - Coaching Education, 15209 Highway 290 East, Manor TX 78653**

FOR STYSA COACHING EDUCATION DEPARTMENT USE:

Date Confirmation Email Sent to Coordinator:

Instructor:

Date Confirmation Letter Sent to Instructor::

Application Fee Check #:

Amount:

Date Received:

Number of Participants:

Number of Materials Shipped:

Date:

Invoice #:

#of Boxes Shipped and Weight:

Materials Shipped Date:

Cost to Ship:

Number of Materials Returned:

Date:

Invoice #:

Date:

\$Amount to Credit Association