



# Indiana Soccer License

## 2017-18 Request to Host Form



Please complete this form and include all information that is pertinent to the Site Coordinator of the License being hosted by your Club Association. Please make sure that the host/field address is the address that the course will be conducted at. This is the address which will be published.

**Specific Requirements for hosting:**

- A place for a lecture (classroom, banquet room, etc.) to accommodate showing the PowerPoint portion of the lectures. We can provide projector/screen if needed – but it helps if you have one.
- A soccer field or flat grassy area if weather is warm and dry. (First choice is to conduct a course outside if weather permits). Note: A gymnasium or indoor facility may also be used in winter months for the E License.
- **NOTE: The National D License Requires a minimum of one half of a Full Sized Field.**
- A minimum of 14 coaches. (per US Soccer guidelines)
- **Age appropriate players for the course for candidate coaches practice/testing-Mandatory.**

**Please check the course you would like to request:**

**US Soccer Grassroots License\*** (4 hours) \*Free to Indiana Soccer Members; \$30 (non-members of Indiana Soccer)  
 \_\_\_ 4v4 Course \_\_\_ 7v7 Course \_\_\_ 9v9 Course \_\_\_ 11v11 Course \_\_\_ (Combination 1 day – select two)

**US Soccer National D License Course\*** – (48 hours – two weekends, 4 weeks apart)  
 \*Free to members of Indiana Soccer; \$306 (non-members of Indiana Soccer)

**Parent Education** – (60 minutes) – Free to Indiana Soccer Members

**United Soccer Coaches Course** \_\_\_ 4v4 \_\_\_ 7v7/9v9 \_\_\_ 11v11/Pre-National \_\_\_ National \_\_\_ Advanced National  
 \_\_\_ Director of Coaching \_\_\_ GK Level 2 \_\_\_ GK Level 3 \_\_\_ Special Topics Course

**\* Denotes Required US Soccer Digital Coaching Center Fee of \$25.00**

Please email this completed form to: [steve@soccerindiana.org](mailto:steve@soccerindiana.org) or fax to (317)975-2019

**Course Info:**

Name of Club Hosting the Course: \_\_\_\_\_ Name of Site Coordinator: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Preferred Dates of Course:**

**Grassroots License:** 1<sup>st</sup> Choice Weekend: \_\_\_\_\_ AM PM 2<sup>nd</sup> Choice: \_\_\_\_\_ AM PM

**National D License:** 1<sup>st</sup> Choice: Instructional Phase Weekend: \_\_\_\_\_  
 Candidate Assessment Weekend: \_\_\_\_\_  
 (4 weeks after Instructional Phase)  
 2<sup>nd</sup> Choice: Instructional Phase Weekend: \_\_\_\_\_  
 Candidate Assessment Weekend: \_\_\_\_\_  
 (4 weeks after Instructional Phase)

**Parent Education:** 1<sup>st</sup> Choice Date: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**Youth/Coach Field Training:** 1<sup>st</sup> Choice Date: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**United Soccer Coaches:** 1<sup>st</sup> Choice Date: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

<b>For Office Use Only:</b>	Received: _____	Posted: _____
	Coaches Assigned: _____	