



COACHING EDUCATION CLINIC REQUEST

Please read and fill-out its entirety to ensure proper registration for your clinic. *There is no license for this clinic – educational purposes only.* This form must be submitted 14 days prior to clinic date.

This is a member benefit and Free. Fax to 505-830-2245 or email to r.flores@nmysa.net

Recommendation to host a clinic:

- Minimum of 15 participants
- Classroom, Meeting Room, field, lights if applicable
- Informing participating coaches to dress in attire appropriate for participation and notepad

Clinic Contact

League/Club

Title/Position

Email

Phone Number

Field Location/Classroom/Meeting Room

#Coaches Attending

Date (Primary/Alternate)

Start Time

_____ To _____

Topics requested to be covered during clinic:

(Check all that apply)

- Lecture "Survival as a Coach: How to have a successful season"
- Age specific small-sided activities demo (6U/8U/10U/12U-older)
- Organizing and running an effective training session
- Team Management (Coaching Philosophy, Role of Coach, Methods, Sideline Coaching)
- Collaboration Meeting to share ideas
- Other _____

- *Weekdays are recommended*