



FYSA Youth Module Coaching Course Registration

Name: _____

Address: _____

Phone: _____

E-mail: _____

Current Team/Age Group: _____

Coaching Experience: _____

Please indicate the session you want to attend:

___ Youth Module u-6/8: October 4, 2008, 8:00am-1:00 pm

___ Youth Module u-8/10: October 4, 2008, 1:00pm-6:00 pm

___ Youth Module u-10/12: October 5, 2008, Noon-5:00 pm

Please send the completed registration form by September 8 to:

**Hobe Sound Soccer Club
8949 SE Bridge Road #215
Hobe Sound, FL 33455
Attn: Ed Rao**

***-All registrants will be confirmed by phone by Friday, September 12, 2008.
-Please note that Hobe Sound Soccer Club is responsible for payment for all registrants regardless of attendance.***