



# York Region Soccer Association



<b>LTPD Coaching Clinics – Active Start (Stage 1)</b>	
<b>Course Information/Requirements</b>	
1. Active Start – “First Kicks” is designed for U4 to U6 Female and Male Players	
2. Please come prepared to complete the entire course and be punctual	
3. Payment in full <b>MUST</b> be submitted with application.	
<b>NOTE:</b> Wear appropriate clothing (i.e. tracksuit, t-shirt, shorts, indoor or outdoor soccer shoes or running shoes etc.). Bring a supply of drinking water and snacks if needed. Bring materials to record notes (i.e. pencils, pens, notebook)	

<b>Course Details</b>	
<b>Location:</b>	<b>Father Bressani Catholic High School</b>
<b>Dates:</b>	<i>Please check which Clinic date you wish to attend:</i>
	Saturday, January 14 <sup>th</sup> , 2012 <input type="checkbox"/>
	Saturday, January 21 <sup>st</sup> , 2012 <input type="checkbox"/>
	Saturday, February 11 <sup>th</sup> , 2012 <input type="checkbox"/>
	Saturday, April 28 <sup>th</sup> , 2012 <input type="checkbox"/>
<b>Time:</b>	<b>9:00AM to 12:30pm</b>
<b>Cost:</b>	<b>\$45.00</b>

<b>Applicant Information</b>		
First Name:	Last Name:	
Date of Birth (DD/MM/YY):		
Current Street Address:		
City:	Province:	Postal Code:
Primary Phone Number:		
Secondary Phone Number:		
Email Address:		
Current Club Affiliation:		
<b>Payment Requirements</b>		
Cash, Cheque or VISA/Debit Payments at YRSA Office		
No refunds for cancellation or inability to attend.		
Please make cheques payable to <b>“York Region Soccer Association”</b> (\$40 NSF Charge will apply)		
Mailing Address for Payment: <b>101 Bradwick Drive, Concord, ON, L4K 1K5</b>		
Signature of Applicant:		Date:
<b>Office use only</b>		
Payment Received by:		
Cash: \$	Cheque: \$	Cheque #
VISA/Debit Confirmation #:		