



COACHING EDUCATION CLINIC REQUEST

Please complete this form in its entirety and submit it to us at the email below at least 14 days prior to the requested clinic date. *There is no licensing offered for this clinic – educational purposes only.* These clinics are free to our member affiliates.

Fax request to 5056-830-2247 or email request to r.flores@nmysa.net

Recommendation for hosting a clinic:

- Minimum of 15 participants
- Arrange for a meeting room and fields space to accommodate the number of participants.
- Communicate to coaches the appropriate attire and to bring a notepad and something to write with.
- Age appropriate teams/players available for demonstrating (if necessary)

Clinic Contact

League/Club

Email

Phone Number

Field/Meeting Room Location

#Coaches Attending

Clinic Date (Primary/Alternate)

Start/Finish 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*