

VIRGINIA METRO-DC COACHING EDUCATION PROGRAM

VYSA MEMBER APPLICATION TO HOST A COACHING LICENSING COURSE

Our organization wishes to apply to the Virginia Metro-DC Coaching Education Program to conduct an:

_____ "F" Certificate (___ U6-U8 Module, ___ U10-U12 Module)

_____ "E" Certificate

_____ "D" License coaching course.

In support of this request we supply the following information:

1. Name of Organization _____

a. Person requesting course _____

b. Title _____

c. Address _____ Phone H: (____) _____

_____ Phone W:(____) _____

2. Dates requested: 1st choice _____ 2nd choice _____

3. Course site: _____

4. We do/do not request a specific instructor:

Name: _____

5. Estimated number of student coaches expected to attend: _____

6. Site Coordinator _____

Address _____ Phone H:(____) _____

_____ Phone W:(____) _____

E-Mail Address _____