



## Cal South Recreational Soccer Clinic Request

Please read and fill-in the information in its entirety to ensure proper registration for your Recreational Clinic. ***There is no license for this clinic – educational purposes only.*** This form must be submitted at least 30 days prior to your clinic date.

**Upon Completion, submit this form via email, mail, or fax to:**

Cal South (Attn: Rick Flores)  
1029 S. Placentia Ave  
Fullerton Ca 92831  
Fax 714-441-0715  
[rflores@calsouth.com](mailto:rflores@calsouth.com)

### Requirements to host a Clinic:

- Minimum of 15 Participants
- Classroom, Field, Lights (if applicable), Bathrooms, First Aid Kit
- Informing participating coaches to dress in attire appropriate for participation and notepad

League Name \_\_\_\_\_ # Coaches Attending \_\_\_\_\_

Clinic Contact \_\_\_\_\_ Title \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Clinic Day \_\_\_\_\_ Clinic Date \_\_\_\_\_ Clinic Times \_\_\_\_\_

Field Location (Address, City, Zip) \_\_\_\_\_

### Topics you like covered in your Meeting or Clinic (Check all that apply):

- Lecture “Survival as a Coach” How to have a Successful Season
- Age Specific Small Sided Activities Demo (U6) (U8/U10) (U12-Older)
- Organizing and Running Effective Practice Sessions
- Team Management (Coaching Philosophy, Role of Coach, Methods, Sideline Coaching)
- Collaboration Meeting to Share Ideas

For Office Use Only: Received \_\_\_\_\_ Member Organization \_\_\_\_\_

Manager of Recreational Soccer \_\_\_\_\_ Assigned \_\_\_\_\_