KENTUCKY YOUTH SOCCER ASSOCIATION
APPLICATION TO HOST A
PLAYER DEVELOPMENT CAMP

This form must be completed by each member organization wishing to host a Kentucky Youth Soccer Association Player Development Camp. The completed form must then be submitted to the State Office.

Member/Organization	Member Organization Address
Camp Coordinator	**Proposed Site & Address**

Coordinator Home Phone	Coordinator Cell Phone	Coordinator Work Phone

Coordinator E-Mail	Players Registered with Organization	
	Recreational	Select

Player Development Camp Requested			
Recreational	Select	All Girls	All Boys

A free coach//parent clinic is available during the evenings of Recreational and Select Camps.
Would you like hold a clinic?

Yes **No**

Requested Dates & Times

All camps will commence on a Monday and finish on Friday; please select three proposed dates as your first choice may not be available.

Option 1	Option 2	Option 3
Time	**Time**	**Time**

Proposed Site

Describe facilities including number of fields and bathroom facilities

Covered Shelter	**Yes**	**No**	**Gymnasium**	**Yes**	**No**	**# of Fields**	**# of Bathrooms**

Signature of Coordinator **Date**

Send Completed Application:
Kentucky Youth Soccer Association
443 South Ashland, Suite 201
Lexington, KY, 40502

Tel: 859-268-1254 **www.kysoccer.net** **Fax: 859-269-0545**