



COACHING CLINIC APPLICATION 2010

Name of Hosting Club: _____

Club Contact Person: _____

Phone (H/W): _____

E-mail: (Required) _____

CLINIC 1

Clinic requested: _____

Date of Clinic: (1st choice) (2nd choice) _____

Time of Clinic: (1st choice) (2nd choice) _____

Location of Clinic: _____

Topic: _____

(required for "Topic of Choice" clinics only)

CLINIC 2

Clinic requested: _____

Date of Clinic: (1st choice) (2nd choice) _____

Time of Clinic: (1st choice) (2nd choice) _____

Location of Clinic: _____

Topic: _____

(required for "Topic of Choice" clinics only)

Fee enclosed (if appropriate): \$ _____

****Please note all information contained in this application form will be posted on our website.****