



# COACHES' LICENSE AND CLINIC PRE-APPROVAL FORM

## REQUEST FORM

Date of Request: \_\_\_\_\_ Team's age group/program: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Course/Clinic: \_\_\_\_\_

**Check Box:** Head Coach:  or Assistant Coach:  or Goalkeeper Coach  or Strength and Conditioning Coach

Address: \_\_\_\_\_ apt # \_\_\_\_\_ City \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email: \_\_\_\_\_ Home number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Reason(s) for Applying :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please review VSC's coaching license reimbursement policy with terms and conditions.

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OFFICE USE ONLY: Reviewed by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Denied by: \_\_\_\_\_