



# COACHES CLINIC/WORKSHOP/TOURNAMENT REQUEST

## Head Coach & First Assistant Coach Only

Name: \_\_\_\_\_

Current Coaching Assignment: \_\_\_\_\_

Name of Clinic/Workshop: \_\_\_\_\_

Date(s) of Clinic/Workshop: \_\_\_\_\_

Location: \_\_\_\_\_

A. Describe the clinic/workshop you wish to attend. Attach any registration forms or other information available.

B. Costs of participating in clinic/workshop:

a. Substitute needed:  NO  YES \_\_\_\_\_ # Days

b. Registration Fees: \_\_\_\_\_  Not Applicable

I will submit registration  District needs to submit registration

c. Stipend (maximum 2 days):

*Stipends go toward expenses (i.e. lodging, mileage, meals, parking, etc.).*

*Reimbursement will not be paid for these costs.*

*Admission tickets up to 2 days will be reimbursed.*

\$50 Per day if substitute is needed.

\$150 Per day if substitute is not needed.

Total stipend requested: \$ \_\_\_\_\_

C. List Other Coaches Attending:

D. Describe how the clinic/workshop/tournament will help in in your coaching duties:

A leave request/sub request will need to be submitted once approved.

A request for stipends must be submitted after attending the clinic/workshop.

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AD's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approve  Deny

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approve  Deny

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approve  Deny