

Coaching Course Reimbursement Form



Applicant Information:

Full Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Birthdate _____ M/F _____ Occupation _____

Course Information:

Date	Location	Course	Registration Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coaching Experience: (list most recent first)

Where (school, club, etc.)	Level (college, h.s., club)	Years (1995-present)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Playing Experience:

Previous Coaching Certifications: (NSCAA, USSF, Other)

The **Parkland Area Soccer Club** will review all applications, select candidates, and establish a priority waiting list. All applicants will be notified as soon as possible. Upon successful completion of course, coach will be reimbursed course registration fees. All applicants will be required to coach within **PASC** for one full year after completion of the course or candidate will reimburse **PASC** the total course registration fee.