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)

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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.