

# 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.