

To BCSA Technical Department:

Please accept this letter and enclosed cheque as my application to host referee and/or coaching clinics. I have provided 3 weeks notice, as required. I have also completed all the sections below for your information. I understand that I must ensure that all the required equipment and facilities for the clinics are available.

Contact Information

Name: _____
Phone Numbers: (h) _____ (w) _____
District Association or League: _____
Club: _____

Billing Information

Person/Association to be invoiced: _____
Address: _____
City, Province: _____ Postal Code: _____

Clinic Down payment Information

Referee Clinics

Class 5 \$60.00 Class 4 \$75.00

Coaching Clinics

Community Coach - Youth Community Coach - Senior
\$180.00 \$150.00

Clinic Information

Class/Level	Date of Clinic	Location of Clinic (City & Venue)	Clinic Start & Stop Time	Downpayment

Total Enclosed _____