



**MANITOBA SOCCER ASSOCIATION**  
**APPLICATION TO HOST A**  
**COMMUNITY COACH CLINIC**



Host Organizing Group: \_\_\_\_\_ (fax) \_\_\_\_\_

Contact: \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Facility: \_\_\_\_\_ Address: \_\_\_\_\_

**Requested Dates and Times:** (Please provide 1 date for a Active Start & FUNdamentals Clinics and 2 dates for Learn to Train & Active for Life Clinics)

Please check  Community Coaching Clinic Applying for:

- Active Start       FUNdamentals       Learn to Train       Active for Life

Date of Clinic \_\_\_\_\_ Time \_\_\_\_\_

Date of Clinic \_\_\_\_\_ Time \_\_\_\_\_

Please check the MSA website for minimum and maximum number of participants required for each clinic.

Cost for participants is:      **Active Start \$15** (3 hrs)  
(Non-member - \$21)

**FUNdamentals \$40** (4 hrs)  
(Non-member - \$56)

**Learn to Train \$75** (12 hrs)  
(Non-member - \$105)

**Active for Life \$100** (12 hrs)  
(Non-member - \$140)

I have read the document outlining the requirements for hosting a coaching clinic and I ensure that the responsibilities and obligations to host a community coaching clinic will be adhered to. The equipment and facilities required will be available and ready for the clinic,

Signed: \_\_\_\_\_

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

