



Saskatchewan Lacrosse Association



APPLICATION TO HOST A COACHING CERTIFICATION CLINIC

The \_\_\_\_\_ (team/club or association)

would like to host the following Coaching Certification Clinic:

LEVELS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATES: \_\_\_\_\_

TIMES: \_\_\_\_\_

# OF COACHES ATTENDING: \_\_\_\_\_

As the host, we are aware that there must be a certain number of Coaches pre-registered in order for the clinic to occur even if dates are approved. Once approved any changes to the above dates or times MUST be communicated in writing via letter or email to the SLA Office and approved by the SLA Office and SLA Coaching Chair prior to the clinic occurring.

\_\_\_\_\_
Date

\_\_\_\_\_
Signature of Official

FOR PROVINCIAL OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Signature: \_\_\_\_\_

NOTE: This form is to be used by SLA Member Associations requesting a Coaching Certification Clinic in their community.

