

REQUEST FOR EDUCATION REIMBURSEMENT

(Please read the KC Select Coaching Reimbursement Guidelines prior to completing this application. You must receive approval of reimbursement by the KC Select Board prior to attending the class. Requests received after class attendance will not be approved. The KC Select Board has the right to require the coach to provide service to KC Select at the Board's discretion before receiving reimbursement. The Board may approve complete or partial reimbursement subject the aforementioned Guidelines document.)

COACH NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CURRENT LICENSE LEVEL _____

CURRENT TEAMS COACHED WITHIN KC SELECT (If more than five, continue on back of sheet)

1. _____ Yrs coached _____

2. _____ Yrs coached _____

3. _____ Yrs coached _____

4. _____ Yrs coached _____

5. _____ Yrs coached _____

NUMBER OF YEARS COACHING IN KC SELECT: _____

Do you coach other teams outside KC Select? Yes _____ No _____

If answer is yes, please explain: _____

CLASS INFORMATION

LICENSE LEVEL ATTENDING _____

LOCATION OF CLASS _____ DATES _____

COST OF CLASS _____ AMOUNT OF REIMBURSEMENT REQUESTED _____

FOR BOARD USE ONLY:

DATE APPROVED: _____ AMOUNT _____ CERT. OF COMPLETION REC'D _____

OBLIGATION OF COACH (IF ANY) _____

