**COACHING GRANT APPLICATION FORM**

**Effective 1st July 2011**

**To be sent to your Local Regional Committee for Pre-Approval**

**Please complete the following & submit to:-**

**Regional Committee Secretary**

**Email Address**

**Type of Seminar / Course (please indicate appropriate category)**

* Beginners (only available to Clubs with fewer than 100 members
* Improvers'
* Directors'
* Youth

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Submitted |  | | | | |
| Club Name: |  | | | | |
| Email |  | | | | |
| Applicant's Name& Club Position: |  | | | | |
| Landline |  | | Cell phone |  | |
| Course Content (please quote source of Lesson Content) |  | | | | |
| Resources to be Used: |  | | | | |
| Name of Tutor: |  | | | | |
| Start Date of Course: |  | Finish Date of Course: | | |  |
| Number of Lessons: |  | Length of each Lesson: | | |  |
| Venue: |  | Start Time of Lessons: | | |  |
| Anticipated Expenses: | Stationery – $ | | | |  |
|  | Venue Hire $ | | | |  |
| Other Costs $  (Please detail other costs) |  | | | |  |
| Expected Total Cost |  | | | |  |



**COACHING GRANT APPLICATION**

**APPROVAL RECORD**

**Coaching Grant Application From:**

**Approved by Regional Committee**  **Yes / No**

**Signature of Chairperson or Authorised Deputy**

**Date Approved:**