



**Coaching Clinic Reimbursement Form**

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

Coach Name: \_\_\_\_\_

Team: \_\_\_\_\_

Coaching Course Taken: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Course Location: \_\_\_\_\_

Course Costs: \_\_\_\_\_

*Please attach appropriate proof of payment and completion of the above noted course.*

*Note: This form is intended for courses that are required to fulfill the coach's current coaching role (e.g. Learn to Train, Soccer for Life). Furthermore, any amount in excess of \$250 must be pre-approved by the Club Executive.*

**STEP 1: After successful completion of the Coaching Course**

The coach certifies that all provided information is accurate, and that the noted coaching course has been successfully completed:

\_\_\_\_\_

Signature of Coach

The Club Executive has reviewed the supplied coaching course information and promises to reimburse in full the noted course costs to the coach at the conclusion of the current season, provided that the coach returns this form to the Club Executive with the STEP 2 section on the reverse side signed and completed.

\_\_\_\_\_

Signature of authorized member of Club Executive



**STEP 2: At conclusion of current soccer season**

The coach agrees to volunteer as a coach in the Brantford Galaxy Youth Soccer Club (BGYSC) for at least one more complete season (subject to the corresponding endorsement by the club executive). In return, BGYSC will reimburse the full documented amount of the coaching course.

The coach further agrees that if they do not fulfill their obligations to coach for at least one more complete season, any reimbursed monies will be immediately repaid to BGYSC in full.

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Signature of Coach

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Date