



Fall 2004 Coaches Travel Clinic Program Application Form

Application Timeline:

June 15, 2004 – Clinic applications available
August 15, 2004 – Postmark deadline for sending completed applications
September 17, 2004 – Notification letters sent to all applicants

All Coaches Travel Clinics must take place between October 15, 2004 and January 15, 2005 OR between June 15, 2005 and October 15, 2005, due to clinician availability.

Eligibility Requirements:

- Applicant must represent a chapter of US Lacrosse or be affiliated with a lacrosse league or program. For leagues, *priority will be given to programs in which all participants are US Lacrosse members.*
- Attendance at Coaches Travel Clinic should be no less than 50 people. It is suggested that participation be opened to a wider audience than just an individual team, etc.
- Priority will be given to applicant organizations that have not already received a Coaches Travel Clinic opportunity.
- Priority may be given to chapter organizations seeking to host other US Lacrosse clinics (e.g. Officials training, Coaches Education Program clinic, US Team National Clinic) in collaboration with this clinician visit.

Application Requirements:

- Applicant must be a current member of US Lacrosse (apply online or contact the Member Services Center at membership@uslacrosse.org or 410.235.6882).
- Two one-page letters of recommendation and support for the applicant organization must be submitted. Please see instructions below.
- **Pages 3-5 of the application form must be typed (use "Insert" lock to maintain form layout) and complete, including all contact information.** Handwritten or incomplete application forms will not be accepted or reviewed.
- Please mail (do not fax or email) **complete, printed original plus two (2) photocopies** of the application packet to US Lacrosse, **postmarked by August 15, 2004.** Each application packet should include:
 - a) Pages 3-5 of this application form only (do not exceed space allowed)
 - b) Two letters of support
- Please DO NOT submit additional materials (brochures, certificates, presentations, videos, etc.).
- All of the above requests must be followed in order for your application to be reviewed and considered. Thank you for your attention to these requirements.



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Recommendation Letters:

Please include two (2) one-page letters of recommendation. Applicants **MUST** include two (2) one-page letters of recommendation and support for the applicant organization. The letters should reflect the organization's capacity to benefit from the workshop and commitment to the general welfare of its program participants. Letters must be from adults other than grant contact person and each writer should identify his/her relationship with the applicant organization.

Coaches Travel Clinic Recipient Requirements:

Groups awarded a Coaches Travel Clinic must meet the following requirements:

- Sign and submit a Coaches Travel Clinic Program agreement (sent with notification letter), which confirms agreement to complete the following tasks:
 - Immediately contact US Lacrosse to discuss clinic date and clinician assignment
 - Commit to promoting the clinic to all chapter and/or area league coaches, prior to the clinic date
 - Provide/cover the cost of all clinician onsite expense (accommodations, meals, ground transportation)
 - Provide US Lacrosse with a list of all participants and their contact information (participants should be enrolled as US Lacrosse members with the help of the granted organization)
 - Submit a post-clinic report and evaluation of this program.
 - Reflect US Lacrosse support of event by including US Lacrosse promotional materials and references in communications with participants and community members (mail, website, etc.), and providing quotes regarding the grant program when appropriate and requested by US Lacrosse

Please mail application packet to:

**US Lacrosse Coaches Travel Clinic Program
113 W. University Parkway
Baltimore, Maryland 21210**

Questions: programs@uslacrosse.org or 410-235-6882, ext. 151



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Applicant Information (all information is required):

Applicant name: Ms. Mrs. Mr.

Applicant Group/Organization Name:

Mailing address of applicant:

Phone (home and work)/Fax:

E-mail address:

Relationship to/experience with applicant group?

Applicant's current US Lacrosse membership number (please register online at www.uslacrosse.org before submitting this application if not already a member):

Will all clinic participants be US Lacrosse members? Yes: No:

Is the applicant group/organization a: US Lacrosse Chapter Lacrosse league/team

Clinic Information (all information is required):

Please check the type of coach(es) you are looking for. When selecting "one of each," please indicate your preference if limited availability dictates that only one coach can be provided.

Women's game Men's game 1 of each (preference: men's or women's)

Target Group(s) (check all that apply):

Youth High School College Players Coaches

Total number and age range of participants anticipated: _____

Organizations are encouraged to make clinics free or at a very low cost for participants. Will participants be charged a fee? If so, how much, and what does that cost cover?



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Any particular coaching or playing topics on which you'd like the clinician to focus?

1. _____
2. _____
3. _____

Are there any coaches in particular you would like to request?

1. _____
2. _____
3. _____

I would prefer a highly experienced (please rank from 1-4, 1 as your highest preference):

___ Youth coach ___ High School coach ___ College coach ___ Whichever is available

Closest Airport: _____

Train Station: _____

Bus Station: _____

1. Please describe the scope and agenda of the event/clinic in which you would like the traveling coach to participate:



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2. Please explain why you feel your organization should receive a traveling clinician, and how this opportunity will enhance your program and benefit your lacrosse community: