

**ESTHERVILLE LINCOLN CENTRAL
BOOSTER CLUB
COACHING CLINIC REQUEST FORM**

SPORT: _____

HEAD COACH: _____

CLINIC NAME: _____

DATE OF CLINIC: _____

LOCATION: _____

**NAMES AND COACHING ASSIGNMENTS OF ALL COACHES THAT
WILL BE ATTENDING:**

CLINIC EXPENSES:

REGISTRATION FEES: _____

MEALS: _____

MOTEL: _____

OTHER: _____

**Note: Along with this request form, head coaches must submit a one-
page explanation of the benefits of attending this clinic has for your
PROGRAM.**

DATE OF REQUEST: _____

APPROVED: _____