Leevale AC – Coaching Course Support Request Form

Applicant Details

Full Name: _____

Membership Number (if applicable): _____

Email Address: _____

Phone Number: _____

Date of Application: _____

Course Information

Course Title: _____

Accrediting Body (e.g., Athletics Ireland): _____

Course Level (e.g., Assistant Coach, Level 1, etc.): _____

Course Dates: _____

Course Location: _____

Course Cost: _

Expenses Breakdown

- Accommodation:
- Travel:
- Food:
- Other:_____

Statement of Intent

Please describe how this coaching qualification will benefit Leevale AC and outline your commitment to coaching with the club:

Coaching Commitment Agreement

I, the undersigned, agree to coach with Leevale AC for a minimum of 12 months following completion of the above course.

Signature: _____

Date: _____

Committee Use Only

Date Received: _____

Reviewed By: _____

Decision: _____

Amount Approved: _____

Notes: _____