

# REQUEST FOR EDUCATION REIMBURSEMENT

*(Please read the KC Select Coaching Reimbursement Guidelines prior to completing this application. You must receive approval of reimbursement by the KC Select Board prior to attending the class. Requests received after class attendance will not be approved. The KC Select Board has the right to require the coach to provide service to KC Select at the Board's discretion before receiving reimbursement. The Board may approve complete or partial reimbursement subject the aforementioned Guidelines document.)*

COACH NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CURRENT LICENSE LEVEL \_\_\_\_\_

CURRENT TEAMS COACHED WITHIN KC SELECT (If more than five, continue on back of sheet)

1. \_\_\_\_\_ Yrs coached \_\_\_\_\_

2. \_\_\_\_\_ Yrs coached \_\_\_\_\_

3. \_\_\_\_\_ Yrs coached \_\_\_\_\_

4. \_\_\_\_\_ Yrs coached \_\_\_\_\_

5. \_\_\_\_\_ Yrs coached \_\_\_\_\_

NUMBER OF YEARS COACHING IN KC SELECT: \_\_\_\_\_

Do you coach other teams outside KC Select? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## CLASS INFORMATION

LICENSE LEVEL ATTENDING \_\_\_\_\_

LOCATION OF CLASS \_\_\_\_\_ DATES \_\_\_\_\_

COST OF CLASS \_\_\_\_\_ AMOUNT OF REIMBURSEMENT REQUESTED \_\_\_\_\_

FOR BOARD USE ONLY:

DATE APPROVED: \_\_\_\_\_ AMOUNT \_\_\_\_\_ CERT. OF COMPLETION REC'D \_\_\_\_\_

OBLIGATION OF COACH (IF ANY) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_