

MINISTRY OF YOUTH DEVELOPMENT AND SPORTS

COACHING SERVICES REQUEST FORM

IDENTIFYING INFORMATION:

Name of Organization:

ASSOCIATION SPORTS COUNCIL TEAM CLUB SCHOOL Type of Organization:

If OTHER, Please Specify:

Address:

Person Making Request:

Telephone #: _____ (w) _____
(m)

Email Address:

SUPPORT SERVICES REQUESTED:

Sports Coaching Clinics (cricket, netball, track & field & volleyball)

Sports education (Professional Development courses for school teachers & coaches)

Pre-Competition Preparation Technical Skill Development

Refresher Competition Rules & Summer Sports Program Guidelines

National Team Preparation Sports Festival/Gala Day Events

After School Program

Other, Please Specify: _____

SPORTING DISCIPLINE:

TRACK NETBALL CRICKET & VOLLEYBALL FIELD

OTHER:

Number of Participants: _____ (MALE) _____ (FEMALE)

RECEIVED BY: _____ DATE: _____

Please return form to: MINISTRY OF YOUTH DEVELOPMENT AND SPORTS, 4th FLOOR
GREAHAM

LOUISY ADMINISTRATIVE BLDG., CASTRIES WATERFRONT, SAINT LUCIA or Fax.#
453 6672

For more information please contact the Ministry of Youth Development and Sports

At telephone # 468 5410 or ext. 5411

PERIOD/LENGTH OF TRAINING:

Weekday Venue Time (am/pm)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

PURPOSE OF REQUEST EXPECTED OUTCOME OF SERVICE

the person assigned will contact you to discuss the details of this request

**Requests should come in at least 8 weeks before the scheduled start of your program,
particularly before major school tournaments**

Date of Submission Signature of Requesting Party

FOR OFFICE USE ONLY

Coach Assigned _____ Date

Previous Services

Involvement _____

REFERRAL _____
