

**SOUTH CENTRAL DISTRICT ATHLETIC ASSOCIATION**

**SHSAA Coaches Symposium Assistance Request Form**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Years at this school: \_\_\_\_\_ Years in SCD: \_\_\_\_\_

Sports I coached in the previous school year: \_\_\_\_\_

Sports I plan to coach in the next school year: (in my present school or other SCD school):

\_\_\_ I will cover other expenses (travel, accommodation, meals) myself.

\_\_\_ My school will cover my other expenses.

\_\_\_ My division will cover my other expenses.

The seminars that are of particular interest to me are:

\_\_\_ basketball

\_\_\_ football

\_\_\_ volleyball

\_\_\_ strength training

\_\_\_ mental training

\_\_\_ nutrition

\_\_\_ track and field/cross country

\_\_\_ sports medicine

\_\_\_ soccer

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*You will be notified of your approval for assistance by June 15.*

*This form is due by May 15 of the current school year.*

***Return this form to:***

**SCDAA  
c/o Roger Morgan  
Kincaid Central School  
Box 38  
Kincaid, SK S0H 2J0**

*Or*

**Fax: 264-3695**