



KEARNEY SOCCER CLUB, INC.
Coaching Reimbursement Form

INFORMATION

NAME:	AGE GROUP:
ASST OR HEAD COACH?	TEAM:

I have completed Kidsafe.

Yes _____ No _____

I have attended the coaches training meeting.

Fall _____ Spring _____

I have returned all coaching equipment and materials required.

Yes _____ No _____

Initial by KSC person receiving equipment _____

I have ___ child(ren) of my own playing on this team.

I am requesting reimbursement for my child's soccer registration fees.

Signature

Date

Print Name

Phone

Address

City/State/Zip