



HASTINGS BOOSTER CLUB SPORTS CLINIC FORM

Clinic Description

Sport: _____ **Coach:** _____

- 1) Who will attend? Please include age/gender of participants.

- 2) Who will run it? Please include contact info for person in charge – and which team or group helping at event.

- 3) Where will it be held?

- 4) What date and times work best?

- 5) How much do you want to charge? Please let us know where the money will go – to the team, a donation to charity, Booster Club, or somewhere else.

- 6) Do you need any help from the Booster Club – to promote it, buy equipment or supplies, or help run it on the day of the event?

- 7) Any other details we should know?

Approval

Athletic Director Signature

Date

Booster President Signature

Date