



# United States Fencing Coaches Association

- Member, Academie d'Armes Internationale (AAD)
- Member, National Collegiate Athletic Association (NCAA)

## USFCA Super Clinic

### Application Form

(revised 6/13/12)

**General Information:** The purpose of the Super Clinic is to provide 2 additional times during the year to specifically teach the USFCA National Training Program (NTP) and culminate in certification testing for all levels. Designed to supplement the Annual Summer meeting, these will be held in the fall (between October 1<sup>st</sup> and January 31<sup>st</sup>) and spring (February 1<sup>st</sup> and May 31<sup>st</sup>). It is envisioned that all three weapons would be presented in Super Clinics but the Executive Committee may approve a single weapon clinic. While the host has the latitude to construct the clinic, a member of the Certification and Accreditation Board (CAB), or their designate must be present to supervise the application of the NTP and the certification exams and will provide the NTP workbooks to the host. While it is hoped that the Super Clinics will become self-supporting, the USFCA will provide up to \$1775 of actual and necessary expenses to bring in the CAB member, or designee, provided that the specific criteria below are met. Applicants must submit a budget showing their projected income and expenses and justify any financial support from the USFCA (see below).

**Application Deadlines:** Applications must be received in their entirety by May 1<sup>st</sup> for the Fall Super Clinic and August 1<sup>st</sup> for the Spring Super Clinic. Late applications will not be considered. Applications must be sent to the Director of Clinics at the address at the end of this application. He/She, the Professional Development Committee, and the Certification and Accreditation Board (CAB) will examine them before final approval by the Executive Committee. Hosts will be notified as promptly as possible so that they advertise. The Super Clinics will also be listed on the USFCA website and Point in Line. If more than one acceptable proposal is received, some applicants will be asked to host their clinic at a later date.

**Basic Criteria for Hosting:** The following criteria will be used to assess the suitability of a proposed clinic to be a Super Clinic.

- 1) There should be 2 or 3 CAB certified examiners, two of whom must be Masters, available in the area of the super clinic so that any level of exam may be held and only one Master examiner/trainer needs to be flown in (The CAB member or designate). You will need three Masters to give the Master's exam.
- 2) Your facility must be able to accommodate 35 or more coaches.
- 3) Your location should be accessible to reasonably priced air transportation from either coast.
- 4) Since we require the NTP to be used at your clinic, presenters must be familiar with the NTP and be able to use it in their presentations.
- 5) A Super Clinic must be a minimum of 3 days, with 4 preferable.

### **Financial Information and Reimbursement Procedures:**

- 1) Each application must be accompanied by a budget showing projected attendance, income, and expenses.
- 2) Attached must be a specific request for support showing proposed expenses for transportation, housing, Per Diem, and honorarium (if a presenter), for the CAB member or designate.
  - a. Per Diem, for meals, should be \$75 per day to a maximum of \$375 which is 4 days of clinic and ½ day for travel before and after.
  - b. Honorarium cannot exceed \$500 and is included in the \$1775 support offered by the USFCA.
  - c. Receipts must be presented for airfare and hotel. We are allowing for \$500 for airfare and \$400 for hotel.
  - d. Taxis, baggage fees, etc. can only be covered if they can be included in the above.
- 3) Fees for attendance must be stated and need to be comparable to the following:
  - a. USFCA Member/Non-Member
  - b. Full Conference Fees: \$240/\$280 (3 days) \$300/\$340 (4 days)
  - c. Single Day Fees: \$100/\$120 (per day)
  - d. Late Fee after (close of registration date) - Add \$30
  - e. Examiner training class only – if offered (free with the clinic) –\$40
  - f. A discounted fee for early registration may be added at the host's discretion. Please indicate that in your budget what fees you will be charging.
- 4) To qualify for reimbursement, there must be a minimum of 20 coaches attending the Super Clinic.

5) If more than 20 coaches attend, then the USFCA will be due 40% of the fees of those additional attendees up to the total amount of support requested from the USFCA.

6) Reimbursement Procedures:

1. Requests for reimbursement for airline tickets and hotel bills must include a copy of the original paid invoices from the airline and/or hotel. Reimbursement will only be made to the person or entity having paid the original invoices.
2. Reimbursement requests for all other items must include copies of receipts, showing payment, date, and payor. All items for which reimbursement is requested must appear in the original approved budget.
3. Per diem and presenter fees will be paid directly to the presenter, after presentation of an invoice.
4. Amounts will be reimbursed only up to the amount requested in the approved budget. No substitutions, additional unforeseen items, or changes will be considered after approval of the original budget. Any unreimbursed amounts are the responsibility of the super clinic host.
5. If reimbursements are less than the total approved budget amounts, the remaining funds stay with the USFCA and will not be used for any other super clinic purpose.
6. All reimbursements will be made within 30 days after the completion of the super clinic. All requests for reimbursements must be received by the Treasurer within 30 days after the final day of the super clinic; any receipts not received within 30 days after the final day of the super clinic will be considered invalid requests and will not be reimbursed.
7. The entry fees for a minimum of 20 paid attendees goes to the host. Any entry fees beyond 20 attendees will be split with 60% going to the host and 40% to the USFCA. The super clinic hosts agree to pay the USFCA its portion of the attendance fees, if any, within 15 days after the final day of the super clinic. All reimbursement checks will be held until receipt of any outstanding fee split.
8. Reimbursement requests and fee payments should be forwarded to USFCA Treasurer at the following address and/or email:  
Carolyn Gresham-Fiegel  
514 NW 164th Street  
Edmond, OK 73013-2001 [treasurer@usfca.org](mailto:treasurer@usfca.org)

**Super Clinic Information:**

This application is for the Fall \_\_\_\_\_ Spring \_\_\_\_\_ 201 \_\_\_\_\_

USFCA Region: \_\_\_\_\_ USA Fencing Division: \_\_\_\_\_

Clinic Date: \_\_\_\_\_ Weapon(s): \_\_\_\_\_

Clinic Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Clinic Cost: USFCA Member/ Non-Member

Full Conference Fee: \_\_\_\_\_ / \_\_\_\_\_

Single Day Fee: \_\_\_\_\_ / \_\_\_\_\_

Late Fee: \_\_\_\_\_

Examiner Training Class: Free with clinic or \$40

**Certification Exams:** The CAB member (or designate) listed below will supervise all certification exams as well as put together all Examination Boards. The host must cooperate with CAB to ensure that exams may be properly conducted.

**Host (Organizer) Information:**

Name of Fencing Organization: \_\_\_\_\_

Host Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Host Experience:**

Have you hosted USFCA clinics before? Please detail:

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

How many coaches have attended and what was their certification level? Include at least the past two years.

\_\_\_\_\_

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**CAB Representative:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

**Instructor Coach (USFCA Master or Prevot) Information:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

**2<sup>nd</sup> Instructor Coach (USFCA Master or Prevot) Information:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

**Non USFCA Presenter Information:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Bio: \_\_\_\_\_

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

(Add more presenters if necessary)

**Schedule of Events:**

It is **required** to attach a proposed schedule of events to the application or fill in the area below. **The clinic will only be sanctioned with an acceptable and complete schedule of events.**

Curriculum outline of the daily schedule must include specific activities for the various sessions and weapons. Each instructor's responsibilities must be briefly outlined.

**Organizing Staff & Areas of Responsibilities:**

Name	Responsibility
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Clinic Services:**

- Accommodation: please attach a list of nearby hotels and negotiated rates if applicable.

- Ground Transportation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- On-site Food Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other activities (such as armory clinic, parents hour, etc.):**

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

**Other information you wish to share:**

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

**“By signing this application, I certify that if this Super Clinic is approved by the USFCA, I will return the Organizer’s Evaluation Form and Participant Evaluation Forms for every attendee to the address below within two weeks of the date of the clinic. I also certify that all paperwork associated with testing for certifications will be sent to the address specified in the CAB testing materials as soon as possible as indicated in the CAB materials for testing. Further, I will be held responsible for sending all proceeds due to the USFCA for all USFCA merchandise sold, returning unsold merchandise, and any other items provided by the USFCA to the USFCA. Finally, I certify that I will send all receipts for reimbursement to the USFCA Treasurer within 30 days of the end of the clinic and understand that failure to do so will forfeit any right to reimbursement.**

**Contract Name:** \_\_\_\_\_

**Contact Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this form and attachments to:**

Dr. Laurence D. Schiller  
Head Fencing Coach  
Northwestern University  
1501 Central St  
Evanston, IL 60208  
Phone: 847-491-4654  
FAX: 847-467-1406

**Or electronically to:**

Email: LDS307@northwestern.edu

(Revised 6/2012)