



United States Fencing Coaches Association

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

Organizers' Evaluation Form

Clinic Information:

Name: _____ Date: _____

Site: _____
Club City State Zip

Topic of Clinic: _____

Number of Participants:

To qualify for the USFCA Coaches Clinic Rewards program please attach a roster of the members and non-members attending your clinic.

Members: _____ Non-Members: _____

Number of Exams given:

Moniteur: Foil _____ Epee _____ Sabre _____

Prevot: Foil _____ Epee _____ Sabre _____ Three Weapon _____

Master: Foil _____ Epee _____ Sabre _____ Three Weapon _____

Evaluation of the Clinic: In a few paragraphs, please evaluate your clinic. Do you feel it was successful? Did it live up to your expectations? Why or why not? Were there any problems? What were the strengths and weaknesses and would you change anything for the next time. We will use this information to create a database to help others plan clinics.

Paperwork wrap-up:

- Participant Clinic Evaluation Forms filled out and attached.
- Organizers' Evaluation Form filled out.
- Exam paperwork filled out and submitted to CAB. (see CAB forms for address)
- Proceeds from USFCA merchandise and unsold merchandise submitted to USFCA, if applicable.

The following need Certification of Attendance certificates:

Name: _____ Mailing Address: _____
Email: _____

Name: _____ Mailing Address: _____
Email: _____

Name: _____ Mailing Address: _____
Email: _____

Name: _____ Mailing Address: _____
Email: _____

(Add lines as necessary or attach list)

Thank you for hosting a USFCA clinic

Contact Name: _____

Contact Signature: _____ **Date:** _____

Return this form and attachments to:

Vinnie Bradford
2919 6th Ave.
Ft. Worth, TX 76110
817-995-2535

Or electronically to:
vincent.bradford@gmail.com

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