



United States Fencing Coaches Association

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

USFCA Coaching Clinic Proposal Form

Clinic Information:

USFCA Region: _____ USA Fencing Division: _____

Clinic Name: _____

Clinic Date: _____ Weapon(s): _____

Clinic Location: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Clinic Cost: USFCA Member: _____ Non-Member: _____

Host (Organizer) Information:

Name of Fencing Organization: _____

Host Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Cell Phone: _____

Email: _____

Instructor Coach (USFCA Master or Prevot) Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Cell: _____

2nd 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: _____

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 instructors' responsibilities must be briefly outlined.

Will certification testing be a part of the clinic?



Yes **No**

The USFCA Certification and Accreditation Committee (CAB) must certify examiners. See 'Certification' section of the USFCA Website for forms and procedures for testing. **Please note on the form if you are listed on the USFCA website as a Certified examiner or a Head Examiner (able to run the exam).**

Examiner #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Cell: _____

Certification Level (Master, Prevot): _____ Head Examiner _____ Certified Examiner _____

Examiner #2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Cell: _____

Certification Level (Master, Prevot): _____ Head Examiner _____ Certified Examiner _____

Examiner #3

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Cell: _____

Certification Level (Master, Prevot): _____ Head Examiner _____ Certified Examiner _____

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 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.

Contract Name: _____

Contact Signature: _____ **Date:** _____

Return this form and attachments to:

Vincent Bradford
2919 6th Ave.
Ft. Worth Texas 76110

Or electronically to:

Email: vincent.bradford@gmail.com

(revised 03/2017)