



Pickering Soccer Club
 1735 Bayly St. Unit 14
 Pickering ON LIW 3G7
 Tel: 905-831-9803
 Fax: 905-831-8968
www.pickeringssoccer.ca

Pickering Soccer Club Outside Training Authorization Form

Team Name:				
Age Group:		Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Coach's Name:				
Home Phone:			Cell Phone:	
Email:				
Training Event Name:			Event Location:	
Company/Coaches Names:				
Dates/times of Proposed Training				
Describe the training:				
Event Cost (total and per player):				
Explain why you have applied for this training activity and why you feel the Pickering Soccer Club cannot provide this training activity for your team.				
Does the venue require proof of insurance? If so, fill in the OSA form at this link.			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
http://www.hkmb.com/library/OSACertificateofInsuranceRequestForm-2010_000.pdf				
I have verified that the above information is correct: Please sign in this box.				
<p>Please submit this form to the club via email to</p> <p>headcoach@pickeringssoccer.ca / "your rep director"@pickeringssoccer.ca / admin-comp@pickeringssoccer.ca</p> <p>or via fax to 905-831-8968. Thank You!</p> <p>Acknowledgement of receipt of the application will be forwarded to you as soon as possible.</p>				