REQUEST FOR REIMBURSEMENT **COACHING EDUCATION FEES**

TO: STUDENT ACTIVITIES OFFICE - phone 571-423-1260 **GATEHOUSE ADMINISTRATIVE CENTER**

I have successfully completed all of the Coaches Education program requirements: (1) Orientation, (2) Sports First Aid, (3) VHSL state components, and (4) 3DI coaching (5) Concussion Ed (6) Mental Health Awareness (7) SR&R. (PLEASE NOTE: This reimbursement will not be processed until all seven components have been completed.)

I respectfully request full reimbursement (\$29) for the 3DI coaching course. I have attached a copy of the 3DI and VHSL State Component Certificates of Completion, along with a copy of the transaction receipt from the purchase of the 3DI course to the Office of Student Activities and Athletics (SAAP). (Please retain original copies for your records). The SAAP office will verify completion of all 7 components before submitting the reimbursement request.

Name			
Address	Otro ot		
	Street		
	City	State	Zip
Telephone			
	Home		Work
FCPS Empl	oyee Number		
		(Necessary for Acc	ounts Payable Office)
Coaching lo	cation (High Sch	ool)	
Completed (Courses:		
Orie	ntation		Date of Completion
Spor	ts First Aid		
			Date of Completion
VHSL State/Local Component			
			Date of Completion
3DI Coaching			
			Date of Completion
Concussion Education			Date of Completion
			Date of Completion
Ment	tal Health Awaren	ess	Date of Completion
SR&R			
			Date of Completion
Coaches Signa	ature		

Please scan and email all necessary documentation to FCPSSAAP@fcps.edu or mail to FCPS Student Activities Office, Coaches Education, 8115 Gatehouse Road, Suite 5100, Falls Church, VA