



Application to Host a Level 1 School

Please Print

Host Facility Location _____ Date _____

Address of Host Facility _____ City _____ State ____ Zip _____

USATF Association in which Facility is located _____

Director's Name _____ Director's Membership # _____

Director's Address _____ City _____ State ____ Zip _____

Phone (home) _____ Phone (work) _____

Email Address _____

Have you completed ITC? Yes _____ No _____ Year ITC completed _____

Are you a member of the USATF Coaches Registry? Yes _____ No _____

Have you *directed* a previous Level 1 School? Location _____ Date _____

Have you *instructed* a previous Level 1 School? Location _____ Date _____

Anticipated Instructors:

Name _____

Has this person completed ITC? Y _____ N _____ Year ITC completed _____

Approximate number of schools taught by this instructor _____

Date of last Level 1 class taught (month/year) _____

Instructor's area(s) of expertise _____

Is he/she a member of the USATF Coaches Registry? Yes _____ No _____

Name _____

Has this person completed ITC? Y_____ N_____ Year ITC completed _____

Approximate number of schools taught by this instructor _____

Date of last Level 1 class taught (month/year) _____

Instructor's area(s) of expertise _____

Is he/she a member of the USATF Coaches Registry? Yes_____ No_____

Name _____

Has this person completed ITC? Y_____ N_____ Year ITC completed _____

Approximate number of schools taught by this instructor _____

Date of last Level 1 class taught (month/year) _____

Instructor's area(s) of expertise _____

Is he/she a member of the USATF Coaches Registry? Yes_____ No_____

Name _____

Has this person completed ITC? Y_____ N_____ Year ITC completed _____

Approximate number of schools taught by this instructor _____

Date of last Level 1 class taught (month/year) _____

Instructor's area(s) of expertise _____

Is he/she a member of the USATF Coaches Registry? Yes_____ No_____