

**Clinic Sanctioning Form**

Girls Division

Boys Division

**Club Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**Club website** (if applicable): \_\_\_\_\_

**Club Location:** \_\_\_\_\_

**Advertise my clinics on the NCVA Website:**       **Yes**, please post       **No**, do not post

Age Division (circle all that apply): 18    17    16    15    14    13    12

Clinic Date: \_\_\_\_\_

Clinic Time: \_\_\_\_\_

Site Name and Address: \_\_\_\_\_

Age Division (circle all that apply): 18    17    16    15    14    13    12

Clinic Date: \_\_\_\_\_

Clinic Time: \_\_\_\_\_

Site Name and Address: \_\_\_\_\_

Age Division (circle all that apply): 18    17    16    15    14    13    12

Clinic Date: \_\_\_\_\_

Clinic Time: \_\_\_\_\_

Site Name and Address: \_\_\_\_\_

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Clinic Date: \_\_\_\_\_

Clinic Time: \_\_\_\_\_

Site Name and Address: \_\_\_\_\_

Age Division (circle all that apply): 18    17    16    15    14    13    12

Clinic Date: \_\_\_\_\_

Clinic Time: \_\_\_\_\_

Site Name and Address: \_\_\_\_\_

List all adults that will be present at Clinics:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you charge to attend your clinics?     Yes     No    If yes, the cost is \$ \_\_\_\_\_

**\*\* All steps included in the Clinic Procedure must be completed before your club clinics will be sanctioned by the NCVA.**