



Guest Clinician Recreational Gymnastics

(Effective July 27, 2015)

Objective:

To provide financial support to clubs so they can provide quality educational and practical experiences, assisting with their development of coaching staff. These funds are allocated to assist clubs with educational opportunities outside of NCCP courses by providing a guest clinician to present on a desired topic.

Criteria for Funding:

- AGF member club in good standing
- Preference will be given to clubs predominately focused in recreational gymnastics
- Ideally for clubs in remote areas or experience limited financial resources and are unable to send coaches/ staff to opportunities outside of their club.

Priority Order for Funding:

1. Rationale for the request
2. Frequency of funding applications/usage
3. Extenuating circumstances for opportunity

Process for Funding:

1. Submission of Application

- All applications must be mailed or faxed to the AGF Recreation Program Coordinator. A maximum of 4 applications will be approved per fiscal year. The AGF fiscal year is July 1st to June 30th.

2. Application Approval/Denial Process

- Applications that exceed the application deadline will not be accepted.
- The AGF Program Coordinator with the assistance of the Recreation Development Committee (RDC) will review the submitted applications, at the end of the funding period, the applications that meet the stated criteria will be organized in the priority order (see Priority Order for Funding).
- Applications that do not meet the above criteria will be removed and the AGF Program Coordinator will inform the applicant in writing of the application denial.

3. Clinician Visit

- The Program Coordinator will work with the club(s) to determine the logistics of hosting a guest clinician (travel, accommodations, dates, meals, etc.)



Guest Clinician Application Form

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Applicants Name: _____

Contact Information:

Email _____ Phone _____

Club: _____

Date: _____

Clinic Information: (Briefly describe the type of workshop or clinic that you would like to provide to your staff and why it would be beneficial):

Do you have a guest clinician in mind? _____

of coaches expected to attend clinic: _____

Date you would like this clinic to occur: _____ First choice

_____ Second choice



Guest Clinician Application Form

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Explain why this funding would be beneficial to the development of your Coaches:

Application Deadline: Please apply a minimum of 30 days prior to requested dates of workshop to allow the AGF Recreation Coordinator to process, obtain a guest clinician and all details of the guest visit.



Guest Clinician Recreational Gymnastics Post Event Report

Name and club: _____

Name of guest clinician: _____

Date of the event: _____

Workshop or information presented: _____

Was the information presented valuable? (Please state how)

How is the information, presented by the guest clinician being implemented or incorporated into the club?
