



# ROCKY MOUNTAIN SOCCER CAMPS, INC.



P.O. Box 47 100 S. Dewey St. Victor, CO 80860  
Office 719-689-5547 Mobile 720-394-5257 Long Distance 1-800-831-6749  
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## QUALITY CONTROL COACH MENTORING PROGRAM COACH INFORMATION SHEET AND REGISTRATION FORM

COACH NAME \_\_\_\_\_ M/F \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_ CLUB/SCHOOL \_\_\_\_\_

How many years have you been coaching? \_\_\_\_\_ Primary age group and gender that you coach \_\_\_\_\_  
Other age groups that you coach or have coached \_\_\_\_\_  
Do you coach Full Time?  Part Time?  Head Coach?  Asst. Coach?  Both?

### QUALITY CONTROL COACH MENTORING PROGRAM

#### BASIC PACKAGE

- Session Evaluation = \$150.00
- Model Session = \$150.00

Requested Dates, Times and Locations (Please list in order of preference)

Day 1 _____	Date 1 ____/____/____	Time 1 _____	Location 1 _____
Day 2 _____	Date 2 ____/____/____	Time 2 _____	Location 2 _____
Day 3 _____	Date 3 ____/____/____	Time 3 _____	Location 3 _____
Day 4 _____	Date 4 ____/____/____	Time 4 _____	Location 4 _____

#### DELUXE PACKAGE = \$500.00

Requested Dates, Times and Locations (Please list in order of preference)

INITIAL SESSION	Date 1 ____/____/____	Time 1 _____	Location 1 _____
	Date 2 ____/____/____	Time 2 _____	Location 2 _____
VIDEO SESSION	Date 1 ____/____/____	Time 1 _____	Location 1 _____
	Date 2 ____/____/____	Time 2 _____	Location 2 _____
MODEL SESSION	Date 1 ____/____/____	Time 1 _____	Location 1 _____
	Date 2 ____/____/____	Time 2 _____	Location 2 _____
FINAL SESSION	Date 1 ____/____/____	Time 1 _____	Location 1 _____
	Date 2 ____/____/____	Time 2 _____	Location 2 _____

#### CLUB PACKAGE – Minimum of 8 Coaches

CLUB NAME \_\_\_\_\_  
CLUB LOCATION (City, State) \_\_\_\_\_  
CLUB CONTACT NAME \_\_\_\_\_  
CONTACT HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_  
CONTACT E-MAIL \_\_\_\_\_

- 8 to 16 Coaches \$75.00 per Coach X \_\_\_\_\_ Coaches = \$ \_\_\_\_\_ Total
- 18 to 28 Coaches \$70.00 per Coach X \_\_\_\_\_ Coaches = \$ \_\_\_\_\_ Total
- 30 to 48 Coaches \$65.00 per Coach X \_\_\_\_\_ Coaches = \$ \_\_\_\_\_ Total
- 50+ Coaches \$60.00 per Coach X \_\_\_\_\_ Coaches = \$ \_\_\_\_\_ Total

***MAIL APPLICATION and PAYMENT TO: Rocky Mountain Soccer Camps, Inc. P.O. BOX 47 Victor, CO 80860***

(For Office Use Only)

CHECK #1 _____	DATE RECEIVED _____	NAME _____	AMOUNT \$ _____	BALANCE \$ _____
CHECK #2 _____	DATE RECEIVED _____	NAME _____	AMOUNT \$ _____	BALANCE \$ _____