

# Florida High School Athletic Association

## 2017-18 Field Clinic Host Information Sheet

(All information required for consideration. Please use one form per sport.)

ALL CLINICS MUST BE A MINIMUM OF 9.5 HOURS IN DURATION.  
(FRIDAY & SATURDAY COMBINATION, OR ALL DAY SATURDAY. SUNDAY NOT PERMITTED)

---

Host Association: \_\_\_\_\_ Sport: \_\_\_\_\_

Dates: \_\_\_\_\_ *1<sup>st</sup> Weekend of Choice*      Dates: \_\_\_\_\_ *2<sup>nd</sup> Weekend of Choice*

Start Times: \_\_\_\_\_ Ending times: \_\_\_\_\_

Site of clinic: \_\_\_\_\_ Address of site: \_\_\_\_\_

Clinic Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Clinicians: \_\_\_\_\_ Clinicians: \_\_\_\_\_

Clinicians: \_\_\_\_\_ Clinicians: \_\_\_\_\_

Association Liability Insurance: Yes \_\_\_ No \_\_\_ Insurance Carrier Name: \_\_\_\_\_  
Per Policy 201.02(7), FHSAA Officials Guidebook

Participating teams: \_\_\_\_\_ Participating teams: \_\_\_\_\_

Training Highlights (Must provide details):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEADLINE TO SUBMIT - APRIL 1, 2017**  
**EXCEPTION: FOOTBALL: MARCH 1, 2017**

NAME OF OFFICER SUBMITTING REPORT: \_\_\_\_\_  
*PRINT NAME HERE*

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_