

2019 USA Volleyball Indoor CAP Hosting Application

Name of Hosting Organization: _____

Name of Contact Person: _____

Phone #s: Cell: _____ Work: _____

Home: _____

Email: _____

Course Level Options (choose all that apply):

- CAP I weekend format
- CAP I Hybrid
- CAP II weekend format
- Add IMPACT to any level

Minimum Numbers/Price Point (Please be realistic in choosing the expected number of attendees. The host will be responsible for registrations under this number):

CAP I

- 25@\$300
- 30@\$285
- 35@\$270
- 40@\$255
- 45@\$240
- 50@225

CAP II

- 12@\$350
- 15@\$335
- 20@\$310
- 25@\$285

CAP III

- 10@\$350
- 12@\$335
- 15@310
- 20@285

Course dates (in preferential order):

1. _____
2. _____
3. _____

Cadre choices (in order):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Course Facility Information:

Facility name: _____ Shipping address: _____

Address: _____

Host initials _____

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Fee-Sharing Options:

- Yes, I want to share in fee overages and agree to cover the cost of cadre lodging
- No, I do not want to share in fee overages and request USAV to cover cadre lodging

Host Deposit Information:

- An \$800 deposit is requested to secure your course
- The deposit will be credited back to you upon completion of the course and your duties as the host
- The deposit must be received by USAV a minimum of 90 days prior to the date of your course, along with your completed application
- If USAV cannot accommodate any of your preferred dates, your deposit will be refunded in full
- If cadre flights have been booked and the host has to cancel the course, no deposit is returned
- Please see "Host Information Packet" for more details on deposit refunds and guidelines

Payment Information:

- A check made payable to USAV CAP is attached to this application
- Credit card information (can be faxed to 719-228-6899)

_____ VISA _____ MC _____ DISC CC #: _____

Expiration date: _____ Security code: _____

Billing zip code: _____

Signature: _____

Discounts and Subsidies: If you choose to offer discounts, you will be responsible to subsidize the difference in registration fees as part of the final course breakdown.

GROUP	DISCOUNT?	\$ AMOUNT OF DISCOUNT
<i>Ex: 900 Club coaches</i>	X	\$75
RVA members		
Jr club members		
HS coaches		
MS coaches		
Elem school coaches		
Other		

Host initials _____

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Course scholarships:

- I would like to offer a course scholarship to the following recipient:

Region Commissioner or Director of Education attendance:

- I would like to provide this CAP course to my region commissioner or director of education for \$50 (cost of materials). His/her name is:

Additional incentive:

- I would like to reward the first 10 coaches who register with a dinner and discussion with the cadre on Friday night before the CAP course. USAV will provide \$50 towards the dinner.

On-site CAP administrator:

- I want to have a USAV/CAP staff member attend my course to perform all administrative tasks during the weekend. I understand that the cost for a USAV/CAP administrator is \$500.
- I do NOT want to have a USAV/CAP staff member perform administrative tasks at my course and will be responsible for performing those duties myself.

The original and dated signatures/initials of the participating parties, as stated above, indicate the terms of this USAV CAP host agreement and application.

Agreed to and accepted:

BY: _____ January 1, 2019

Shelley Small, USA Volleyball

Date

Manager of Coaching Education

FOR: _____

Host organization

Host representative (printed)

Host rep signature

Date

Host initials _____