



**United States Quad Rugby Association**

**2010 - 2011 USQRA Clinic Grant Application**

Level and type of clinic desired (you may select more than one):

- Novice players / Coaches                       Junior Players Clinic  
 Intermediate Players / Coaches               Female Players Clinic  
 Advanced Players / Coaches  
 Officials' Clinic - in association with a tournament  
 Classification Clinic - in association with a tournament

Date application submitted: \_\_\_\_\_, 2010

Name and location of organization serving as clinic host: \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Have you received a USQRA clinic grant before?  No  Yes If yes, specify the year the clinic was hosted, and the specific components (beginner, advanced, officiating, etc.) of the clinic:

\_\_\_\_\_

Proposed 2009-10 Season clinic dates: \_\_\_\_\_

Proposed event schedule: \_\_\_\_\_

\_\_\_\_\_

If a Classification or Officials' clinic, at which tournament would it be held? \_\_\_\_\_

\_\_\_\_\_

Contact for this proposal (include title): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_  Home  Work

Fax number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Closest airport: \_\_\_\_\_ Proximity of airport to lodging: \_\_\_\_\_ miles

Athletic venue to be used: \_\_\_\_\_

Description of athletic facilities (size of playing surface, number of courts, type of surface, availability of shot clocks, etc.): \_\_\_\_\_

\_\_\_\_\_

Describe classroom facilities available and location (hotel/gym): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What equipment do you have available for the clinic (rugby equipment and rugby chairs): \_\_\_\_\_

Housing accommodations to be used for clinic: \_\_\_\_\_

Estimated cost per night for housing: \$ \_\_\_\_\_

Distance between housing and venue: \_\_\_\_\_ miles

Describe transportation to be provided for out-of-town staff & participants: \_\_\_\_\_

Are all facilities accessible:  No  Yes If no, please explain: \_\_\_\_\_

Describe how your organization plans on marketing the clinic, recruiting and securing participants for the requested event: \_\_\_\_\_

Will event be for  juniors  adults or  both?

What is your target participation number for each clinic component? \_\_\_\_\_

Do you have a rugby team or rugby athletes/staff within a two-hour drive of your program?

No  Yes If yes, please list team name(s) and contacts: \_\_\_\_\_

Please send two copies of your **application**, budget, proposed schedule, and other attachments by **July 1, 2010** to:

Ed Suhr  
2280 SE 35<sup>th</sup> Place  
Portland, OR 97214  
503-238-1324 (W)  
[esuhr@aol.com](mailto:esuhr@aol.com)

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