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| 1. **Club Contact Details**
 |
| **Name of Club:** |  |
| **Club Category:** | T/F  XC  Road Running  Mountain Running Fell Running  Disability  |
| **Main Training Venue:** |  |
| **Training Nights:** |  |  |  |
| 1. **Lead Coach/Coordinator Contact Details**
 |
| **Name:** |  |
| **Role:** |  |
| **Email:** |  |
| 1. **Expression of interest**
 |
| **Please consider the Strengths, Weaknesses, Opportunities and Threats to progress of your club or training group to list any support options you or your club are interested in utilizing during a flying coach visit. This will allow us to deploy the most effective support coach and prepare appropriate resources.** |
| 1. **Flying Coach**
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| **If you wish to request the visit from a specific coach please provide their name and email address below;**  |
| 1. **Flying Coach Log to be filled in by coach deployed**

**Objectives:****Delivery:****Resources:****Follow Up:** |

Visit carried out by: Date visit carried out: