

**Request to review copies of the following:**

- Background check for Coach \_\_\_\_\_
- Healthcare and discipline policies
- Procedure for filing grievances

Please send the above checked item(s) to:

Name \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Date requested: \_\_\_\_\_