Request for On-Site Evaluation
Matched Funds with TASO

Requests must be submitted to TASO-Volleyball not later than **April 1** of the year of the requested evaluation. The evaluator must be a current clinician for TASO-Volleyball. Proximity of the evaluator to the requesting chapter will be taken into consideration for assignment. Evaluators will receive the current clinician stipend for conducting the evaluation.

Agreement: TASO agrees to pay one-half of the expense of the evaluation/stipend not to exceed $500. Requesting Chapter will pay one-half of the expense/stipend and/or the remaining balance.

Guidelines: Mileage will be reimbursed at current state mileage rate. Per diem will not exceed daily allowance with receipts required for all meals, lodging and incidentals.

Clinicians:
Gloria Cox
Joseph Lizama
Sandra Welch

Requesting Chapter: _____ Chapter President: _____
Requestor's Name: _____ Phone: _____
Proposed Date: _____ Location of Training: _____
Time Proposed: _____ Number of Gyms: _____
Trainer Requested: _____

Training/Evaluation Proposal:

_____
_____
_____

Projected Costs:

Travel	$		
Hotel	$	Estimate of Chapter Payment	$
Meals	$		
Trainer	$	Estimate of TASO Payment	$
Other	$		
Estimated Total	$		

Chapter Authorization: Our chapter board approves this request and authorizes availability of funds.

BY: _____
PRINTED NAME: _____ Date: _____
OFFICE HELD: _____

TASO VOLLEYBALL
APPROVAL: _____ Date: _____

Send request to volleyball@taso.org The request will be forwarded to the TASO-Volleyball President. The Chapter will be notified within two weeks following the submission.