



Trainer / Coach Information

WCTC # _____ Date _____
(Assigned by DOC, used for club tracking)

Trainer and / or Coach

TRAINER / COACH INFORMATION

(Contact information updates do not require DOC signatures)

Name _____

Address _____

Phone _____

E-Mail _____

SSN/Tax ID _____
(Required for all coaches / trainers receiving compensation for services)

LICENSE INFORMATION Date _____

TRAINER / COACH

Signature _____ Date _____

INTERNAL USE BELOW

Approved: Yes / No Code of Conduct Review & Signed: Yes / No

Approved Hourly Rate \$ _____

DOC Signature _____ Date _____

- Please use this document to update any contact information or request DOC assessment
- Mail to **Warren County, P.O. Box 1105, Mason, OH 45040.**