



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF
EDUCATION

Division of Sports and Athletics

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William Cofiell
Territorial Director

ATHLETIC COACH STIPEND REQUEST FORM

Please type the requested information and return the completed form to W. Scott Cofiell, Director of Sports and Athletics

COACH'S NAME: _____

SCHOOL: _____ VIDE WORK POSITION: _____

SPORT: _____ TITLE: Head Coach /Assistant Coach: _____

LEVEL: Varsity/Jr. Varsity/ Elementary: _____ GENDER: Boys,Girls,Co-ed: _____

EMPLOYEE/VENDOR number: _____ STIPEND AMOUNT: \$ _____

DATE LEAGUE BEGAN: _____ DATE LEAGUE ENDED: _____

TOTAL AMOUNT OF PRACTICE HOURS: _____ GAMES PLAYED: _____ TOURNAMENTS PLAYED _____

MAILING ADDRESS (HOME): _____

E-MAIL ADDRESS: _____ TELEPHONE: _____

Coach's Signature

Date

APPROVED/DISAPPROVED

Department Chairperson's Signature

Date

APPROVED/DISAPPROVED

Principal's Signature

Date

APPROVED/DISAPPROVED

Director of Sports Signature

Date

APPROVED/DISAPPROVED

Superintendent's Signature

Date

Submit a copy of your signed Coaching Agreement, Team Roster and the League Schedule
Thank you for your service!