



email too : idyouthcs@gmail.com - or Mail too :

Idaho Youth Shooting
Sports
Attn: Coach Support
PO Box 1373

Idaho SCTP - Level 1 Coaching Reimburment Request

Today's Date :	
Coaches Name :	
Address :	
Phone :	
Youth Team Name:	
Midway Account # (IA) :	
Parent Organization :	(USAYESS, SCTP, 4H , School, other)
Credential Received :	(NRA, NSSA)
Date of Course :	
Course Instructor:	
Instructor Contact # :	
Course Location :	

Please Include Copy of Credential and receipt of your payment to credentialing entity