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**Application Form**

Prior to completing this form please read the details on the Web page which outlines the the aims of the Track Nights programme and the expectations from participating clubs.

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| **CLUB DETAILS** | | | | |
| **Name of Club** | |  | | |
| **County** | |  | | |
| **Location of track or primary training venue** | |  | | |
| **Postcode** | |  | | |
| **Website** | |  | | |
| **Overall Club Membership Size** | |  | | |
| **No. of EA Registered Members** | |  | | |
| **CONTACT DETAILS** | | | | |
| **Name** | |  | | |
| **Your role within the club** | |  | | |
| **Telephone Number** | |  | | |
| **Email address** | |  | | |
| **Name of Head Coach or**  **Coaching Coordinator** | | *If different from the above* | | |
| **Telephone Number** | |  | | |
| **Email address** | |  | | |
| **Track Nights Application** | | | | |
|  | **Which Event of Event Group would you like to focus on?** | | **Please name the Coaches you currently have working in this event / event area and state their qualficiations.** | **Please provide details of the Athletes you currently have training for this event / event group.**  **Number of Athletes (approx.) Age Group and Experience levels** |
| . | |  |  |
| **Please state why you have chosen this event / event group and what you hope to achieve through the Track Nights programme.**  Include details on current priorities to develop this area in the club including Coaches needs and desires for development. | | | |
|  | | | |
| **FACILITIES & EQUIPMENT** | | | | |
| **Please outline the facilities and equipment available.**  *Eg. Number of accessible pits, take off boards, throws cages, jumps beds, selection of weighted throwing implements, poles, etc.*  *.* | |  | | |
| **Does your club have access to an indoor space such as a club house, weights room or sportshall.**  *Please describe and outline availability.* | |  | | |
| **CLUB** | | | | |
| **Are you committed to working towards the England Athletics Club Standards?** | | *Yes / No* | | |
| **Please tell us in no more than 250 words how the Track Nights programme will help towards creating a positive member experience within your club.** | |  | | |
| **SIGNATURE** | | | | |
| *Date:*  *PRINT NAME:* | | | | |

**Please return your completed application form to** [**clubsupport@englandathletics.org**](mailto:clubsupport@englandathletics.org)