**HILLSBORO CITY SCHOOLS**
**COACHES' TRAINING/EVENTS**
**Leave Form**

Name _____ Date of Training _____

School HHS HMS HES Position _____

Attendance requested by: ☐ Coach ☐ Athletic Director

Sport you coach _____

Meeting/Event Title _____

Purpose of Meeting/Event: ☐ to keep license ☐ to keep up-to-date on my sport rules
☐ League/Sectional/District/Regional/State competition ☐ Other
_____

Location: _____

Time: ☐ during school day ☐ need a sub ☐ after school

Registration Fee $_____ **A COMPLETED REGISTRATION FORM MUST BE ATTACHED**

☐ Registration made by treasurer's department
☐ Registration made by coach
☐ Registration made by athletic department

Original receipts are required for reimbursement

☐ Miles to and from event (only if approved by athletic director)

☐ Parking (only if approved by athletic director)

☐ Lodging (only if approved by athletic director)

☐ Meals (only if approved by athletic director)

☐ Certificate of Attendance Received **(A certificate of attendance must be turned in for reimbursement)**

Coach signature _____ date _____

Athletic Director _____ date _____

Principal _____ date _____

Superintendent _____ date _____

Account Code_____

Revised 11/11/2026