**Team Training**

**Overview and Proposal**

***{Date}***

This proposal is developed especially for {enter name of organization or team here}. Please consider this document a draft. Should there be items described in this proposal that are not to your liking, I will be happy to discuss a alternative solution.

**Contact Information:**

Contact Persons Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Understanding of Team Needs:**

* {List needs here as you understand them}

*Note: If you developed these earlier, cut/paste this information.*

**Event Format:**

Team Training: \_\_\_\_\_\_/ Camp: \_\_\_\_\_\_/ Clinic: \_\_\_\_\_\_/ Presentation: \_\_\_\_\_\_/

Demo: \_\_\_\_\_\_/ Combine: \_\_\_\_\_\_/ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

**Location of Event:**

Location Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Miles for Coach(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hydration on Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Approach:**

* Highlight your proposed approach here, including some suggested programming, team building, pre/post evaluation, number of sessions, etc.
* Relate how your approach can meet your customer’s needs
* Be sure to not give away details BEFORE the team buys

*Note: If you developed a presentation for this customer, cut/paste this information*

**Frequency and Duration of Training:**

Times per Week: 1X Wk.: \_\_\_\_\_\_\_\_\_/ 2X Wk.: \_\_\_\_\_\_\_/ 3X Wk.: \_\_\_\_\_\_\_/ 4X Wk.: \_\_\_\_\_\_\_/

Days of Week: Mon \_\_\_\_/ Tues \_\_\_\_/ Wed \_\_\_\_/ Thurs \_\_\_\_/ Fri \_\_\_\_/ Sat \_\_\_\_/ Sun \_\_\_\_/

Length of Session: 1 HR: \_\_\_\_/ 1.5 HR:\_\_\_\_/ 2 HR: \_\_\_\_/ 3 HR: \_\_\_\_/ 4 HR: \_\_\_\_/ Full Day:\_\_\_\_/

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Weeks Training to Take Place : \_\_\_\_\_\_

Proposed Start Date (first training date) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Finish Date (last training date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Session Guaranteed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment and Other Items to be Provided/Needed:**

* List equipment (each on a separate bullet) that you will be providing here, as well as other items, such as t-shirts, hydration, etc.

*Note: If you developed a presentation for this customer, cut/paste this information*

**Athletes:**

Number of Athletes: 10-20: \_\_\_\_/ 20-30: \_\_\_\_/ 30-40: \_\_\_\_/ 40-50: \_\_\_\_/

50-60: \_\_\_\_/ 60-70: \_\_\_\_/ Other: \_\_\_\_\_/

Number of Athletes Guaranteed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Coach’s Assigned to Each Session: \_\_\_\_\_\_\_\_\_

**Investment/Payment:**

* **Investment per Athlete, per Session:** {if applicable here, otherwise delete bullet}
* **Investment per Session:** {if applicable here, otherwise delete bullet}
* **Total Amount Guaranteed:** {place dollar figure here of the total amount guaranteed either by number of athletes or number of sessions. If no guarantee, delete bullet}
* **Total Overall Investment:** {either by athlete or total of sessions}

**Payment Terms:** {Write payment terms here}

*Note: It is highly recommended that payment terms be in full prior to the start of training or on a payment schedule. Pay-as-you-go (per session) should never be an acceptable payment term.*

**Cancellation Terms:** {Write cancellation terms here}

**Waiver Requirement:** {Write the requirements for waivers and waiver signatures here}

**Notes:**

* {List any notes or other information here}

Thank you for allowing me to present this overview/proposal to {enter the name of your customer’s team or organization here.} Please feel free to contact me with any questions or changes you would like to discuss.

Regards

{Your Name Here}

*Note: Replace* ***ALL*** *red text with your content information and turn the text font to black. Ensure all red text directions and notes, such as this note are deleted* ***BEFORE*** *providing this document to your customer.*

*Note: This page is optional. It is your choice whether you want to include it at the point of providing this document to your customer.*

This overview/proposal can be made a final agreement by signing below, should both parties be in agreement to all contents above. By signing, both parties agree to the event as described above and have the authority to commit to this agreement by their respective organizations. Any changes to the contents will constitute a change in this existing agreement, with initials by both parties, or a new agreement.

|  |  |
| --- | --- |
| Customer’s SignatureCustomer’s NameDate | Team Training Coach’s SignatureTeam Training Coach’s NameDate |