



Randolph High School & Positive Coaching Alliance Partnership Letter of Agreement

Issue Date: 8/24/2009

Whereas Positive Coaching Alliance (PCA) and Randolph High School share a commitment to provide youth athletes with a positive sports experience, we agree to work together to that end. This agreement is effective on the date the signed Letter of Agreement is received by PCA National Office and expires one year later.

Randolph High School Agrees to:

- 1. Pay Partnership fee: \$1500.00. Payment due with return of signed agreement.
2. Pay material fees: \$5 per workbook plus shipping fees due upon receipt of invoice.
3. Provide PCA workbooks to attendees at each workshop.
4. Schedule and promote workshops for maximum attendance.
5. Incorporate PCA principles and standards of excellence, as practical, in its operations.

PCA Agrees to:

- 1. Conduct three (3) on-site live PCA workshops: One (1) 'D-GC@: Developing Competitors', One (1) 'Triple Impact Competitor'. One (1) 'The Second-Goal Parent', 'The Second-Goal Parent'-30min. sessions [maximum of three (3) sessions within one 2 hour time period]
2. Conduct a PCA Leadership Webinar, (Open to Leaders across the country).
3. Provide 'From the Ground Up', (A guide for Leaders of Youth Sports Organizations).
4. Provide exclusive access to Partners Resource website, (Password-protected).
5. Host and conduct a monthly Leadership Roundtable call, (Best-practice sharing with other partners).
6. Provide monthly 2-minute Drills, (Tips for coaches, parents and athletes).
7. Provide Account Management support for the term of the contract period.
8. Provide one (1) PCA banner.

PCA contract policies and Letter of Agreement terms:

- 1. The rates and terms identified on this Letter of Agreement may change or expire if not signed and received at PCA National office by August 31, 2009.
2. Partnership fee must be paid in full prior to PCA conducting the workshop(s).
3. PCA requires at least 21 days advance notice to schedule and conduct workshops.
4. Cancellation fees apply if workshop is postponed with less than 10 days notice to PCA: \$100 per workshop. If notice to PCA is the same day as the workshop: \$200 per workshop.
5. PCA workbooks are required for each workshop and are not returnable for credit or refund.
6. PCA prohibits the video or audio taping,(or copying in any form), of PCA workshops and workbooks.
7. Unused workshops at the end of the contract period are forfeited. No refunds or credit.

By signing the Letter of Agreement, the partnering organization agrees to the contract policies and terms identified above:

[Signature]

Carter Jordan
Partner Development Associate
Positive Coaching Alliance

8/24 Ted Loeffler
Athletic Director
Randolph High School



FAX  
P.O.  
By SEP 7

### Partner Information

Please review pre-filled information for accuracy and fill in the Payment information section.  
Return the form to via fax (650) 969-1650 or email to [pca\\_administration@positivecoach.org](mailto:pca_administration@positivecoach.org)

<b>Organization Name</b>							
<b>Randolph High School</b>							
Primary contact: Ted Loeffler Title: Athletic Director				Work phone: (973) 361-2400 x233 Home phone:			
Email: <a href="mailto:tloeffler@rtnj.org">tloeffler@rtnj.org</a>				Mobile:		Fax:	
<b>PCA Partner Website USER</b> (Indicate the name of who should be provided access to PCA Partner website)							
User name: Same as above				E-mail:			
<b>Shipping Address- No P.O. Box #'s</b> (street, city, zip code)				<b>Billing Address</b> (street, city, zip code)			
511 Millbrook Avenue Randolph, NJ 07869				511 Millbrook Avenue Randolph, NJ 07869			
<b>Payment Information</b>							
Person responsible for payment: (treasurer/accounts payable):		Ted Loeffler			Work Phone:		
E-mail:		Mobile:		Fax:			
<b>Payment by Check</b>							
Check number: Purchase order number: (Please fax a copy of Purchase order)				Date check mailed to PCA:			
<b>Payment by Credit Card</b>							
Name as it appears on the credit card:							
Credit card holder's address:							
I authorize Positive Coaching Alliance to charge my credit card for the PCA Partnership fee identified on the Letter of Agreement- sign below.							
Signature of card owner:							
Credit card type ("x" appropriate card type)							
MasterCard		Visa		AMEX		Discover	
Credit card number:				Expiration date:			