



Guest Coach Request Form

Name: _____
Phone Number: _____
Mailing Address: _____
E-Mail Address: _____
Home Club: _____
Skate Canada #: _____ CAC#: _____
First Aid Expiry Date: _____ NCCP Level: _____
Dates and Sessions for Ice Use: _____

List names of skaters receiving lessons from you:

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

If you are not the base coach of any of these skaters, has the base coach permission been received for you to coach these skaters?

Yes

No

Coach Signature: _____

Date: _____

Return this form to the Kerrisdale Figure Skating Club or to Program Administrator, Shannon Balabardin. Submit through e-mail to info@skatekerrisdale.com or nsb_sk8@yahoo.ca