

## COACHES UPDATING RECORD SHEET

Name of Coach: \_\_\_\_\_

Description of Upgrading Hours (Clinic/Lessons/Seminar, etc.)

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Name of Clinician/Instructor: \_\_\_\_\_

Clinician Accreditation (Certification, Training) \_\_\_\_\_

Topics and Material Covered:

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

Date: \_\_\_\_\_ No. of Hours of Participation: \_\_\_\_\_

***\*\*Please attach clinic/seminar description, advertisement or registration form.\*\****

### **TO BE COMPLETED BY THE CLINICIAN/COACH/ORGANIZER:**

I hereby certify that the above named coach has taken part/audited/received instruction/attended the above named clinic/seminar/lessons.

No. of hours for Updating \_\_\_\_\_

Signed: \_\_\_\_\_  
(clinician/coach/organizer)

Mail or fax this report form to:

Horse Council of BC

Attention: Wendy Sewell, Coaching Manager

27336 Fraser Hwy, Aldergrove, BC V4W 3N5

Fax: (604)856-4302 phone (604)856-4304 coaching@hcbc.ca