COACHES UPDATING RECORD SHEET

Name of Coach: _________________________________________

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

Name of Clinician/Instructor: ______________________________

Clinician Accreditation (Certification, Training)__________________________

Topics and Material Covered:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

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

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