



Coaching Program Updating Form

Coach

Name:	EC #:	
Address:		
City:	Province:	P.C.
Ph.#: ()	Email:	

Clinic / Seminar / Lessons

Date:	
Location:	
City:	Province:
Description:	

To be completed by Clinician / Instructor

I hereby certify that the above named coach has completed the following number of hours of instruction in the clinic / seminar / lessons described above.

Number of hours:
Clinician Name:
Clinician Signature:
Date:

Please return this form to your provincial equestrian federation.