

Rhythmic Gymnastics Canada
National Coaching Certification Program
Level 1 Practical Registration Form

Mail, Fax, or scanned
Email to be sent to:
 RGA
 11759 Groat Road
 Edmonton, AB T5M 3k6
 F-780-427-81533
 Email:
 rga@rgalberta.com

Date of submission of this form:	
Name	
Address	
City/Town	Province
Postal Code	
Contact Information:	
Home phone ()	
Work Phone ()	Fax ()
Email:	
Coaching Association of Canada Passport Number	Birthdate: mm/dd/yyyy

The completion of this form declares that I have fulfilled the required 30 hours of practical coaching experience according to the stipulated conditions, thereby fulfilling the requirements for the practical section of the Level 1 3M National Coaching Certification Program.

Signature: _____ Date: _____

Verification (to be completed by supervising coach or administrator)

This is to certify that _____ has been actively involved in coaching for a minimum of 30 hours.

Print Name	Signature	
Position/Title	Club	
Address		
Contact Information		
Phone ()	Fax()	Email

Please describe the nature of the practical experience:

Respect In Sport Certificate Number: