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**West Carleton Skating Club**

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| **GUEST COACH REQUEST FORM** | | |
|  | |  |
| **Revised:** | | **June 26, 2016** |
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| --- | --- |
| **Name:** |  |
| **Phone Number:** |  |
| **Mailing Address:** |  |
| **Email Address:** |  |
| **Home Club:** |  |
| **Skate Canada No.:** |  |
| **CAC No.:** |  |
| **NCCP Level:** |  |
| **First Aid Expiry:** |  |
| **Dates for Ice Use:** |  |

**Names of skaters receiving lessons from you:**

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| --- | --- | --- | --- |
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|  | |  |  |
|  | |  |  |

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

these skaters?:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |
|  | | | |  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Coach Signature |  | Date |

Return this form to the West Carleton Skating Club via email or place in the mailbox in the Music Room.