

Workshop Information:

Name of Workshop

Sport

Date

Location

Learning Facilitator

Participant Information: (Please Print)

Last Name

First Name

Middle Initial

NCCP#

Address

City/Community

Postal Code

Primary Phone Number

** Email Address (REQUIRED for coaching clinic) **

** Date of Birth (MM/DD/YYYY) **

Gender: Male Female

Indigenous Descent: Yes No If you answered yes, please circle which applies: Status Non-Status
Métis Inuit

Check here if you would like to be added to an e-mail list to receive information on upcoming workshops and other Coach Professional Development opportunities.

Please return forms to:
CAS Coaching and Officials Development Coordinator
c/o Garrett Mathiason
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