

Course Information:

Name of Course

Date

Location

Facilitator Name

Participant Information: (Please Print)

First Name

Last Name

Middle Initial

Mailing Address

City/Community

Postal Code

Primary Phone Number

Email Address

Date of Birth (DD/MM/YYYY)

Gender: Male Female

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

Are you (please check box): A new Coach or Official Currently Coaching or Officiating

If you are currently involved in sport, please indicate the age/level/gender _____

Why are you taking this course?

How did you find out about the course?

Website Word of Mouth Newsletter Poster Tribal Council Coordinator
 District Social Media Other: Please Specify _____

What other courses are you interested in taking:

- ____ Aboriginal Coaching Module
- ____ NCCP Competition – Introduction Part A or Part B
- ____ NCCP Competition Development
- ____ NCCP Sport Specific
- ____ Officials Training
- ____ Other: Please Specify _____

Check here if you would like your name added to an e-mail list to receive information on upcoming ACOP clinics and other Aboriginal coach Professional Development opportunities.

Please return forms to:
Saskatchewan Broomball Assoc.
c/o Stacey Silzer
2205 Victoria Ave
Regina, SK
S4P 0S4

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Fax: 306-525-4009
saskbroomball@sasktel.net