

**NCCP LEVEL 2
RHYTHMIC PRACTICAL EXPERIENCE REGISTRATION FORM**

NAME: _____
Surname First Middle Initial

ADDRESS: _____

CITY/TOWN: _____

PROVINCE: _____

POSTAL CODE: _____

DATE OF BIRTH (D/M/Y): _____

ZONE: _____ MALE/FEMALE _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

NCCP #: _____

Education: Secondary College University
Language: French English
Canadian Forces RCMP Aboriginal

This is to register my completion of a minimum of 180 hours of contact coaching in rhythmic gymnastics, according to the stipulated conditions, thereby fulfilling the requirements for the practical section of the Level 2 Coaching Certification Program.

Signature of Coach

Date

STATEMENT OF CONFIRMATION

This is to certify that _____ has been involved in coaching or instructing modern gymnastics for a minimum of 180 hours, during the period of time stipulated in the Level 2 requirements.

Signature of Program Administrator or equivalent

Title

Address

Date

Return to: Gymnastics Saskatchewan
1870 Lorne Street Regina, Sk. S4P 2L7
Ph: 306-780-9229 Fax: 780-9475 Email: info@gymsask.com