



Guest Coach Request Form

Name: _____

Phone Number: _____

Mailing Address: _____

E-Mail Address: _____

Home Club: _____

Skate Canada #: _____

CAC#: _____

First Aid Expiry Date: _____

NCCP Level: _____

Dates for Ice Use: _____

List names of skaters receiving lessons from you:

1. _____

2. _____

3. _____

4. _____

5. _____

If you are not the base coach of any of these skaters, has base coach permission been received for you to coach these skaters? Yes No (Circle one)

Coach Signature: _____

Date: _____

Return this form to the Skate West Skating School. Submit through email skate@skatewestss.com or mail form to 5019 23rd Ave NW, Calgary AB, T3B 0Z8. If your request is approved you will receive confirmation of approval. You will not be allowed to coach until approval is confirmed by the Directors.

X

Skate West Skating School