



National
Coaching
Certification
Program



COACHING FILE DECLARATION

I, _____ hereby wish to open an Instructor/Coach file with the Saskatchewan Horse Federation. I understand that this file will be maintained by the Saskatchewan Horse Federation and that all prerequisites will be kept confidentially in hard copy format. I acknowledge that all prerequisites must be submitted prior to attending an evaluation for my certification. I understand that I am responsible for my own preparation and will not hold Equestrian Canada, the Saskatchewan Horse Federation, or the Evaluator(s) responsible for the overall results of my evaluation. By signing and submitting this form, I declare that I will be actively pursuing my Instructor/Coach certification.

First & Last Name: _____

P/TSO Membership #: _____

Primary Address (including city, province, postal):

Discipline Interests (check all that apply):

English Western Driving Saddle Seat

Level Interests (check all that apply):

Instructor Competition Coach
Competition Coach Specialist High Performance Coach

How/Where did you hear about Equine Canada/NCCP Instructor/Coaching Certification?

Why is it important to you to attain certification?

Candidate Signature / Date

_____/_____

Parent/Guardian (if under 18 yrs)

Date

Return completed form by mail, email or fax to:

Saskatchewan Horse Federation

Technical Director / technicaldirector@saskhorse.ca

300 - 1734 Elphinstone St Regina, SK S4T 1K1

Telephone: 306-525-4041