



APPLICATION FOR COACH TRAINING

APPLICANT DETAILS

Surname _____ Given Name _____

Address _____

Suburb _____ Post Code _____

Year of Birth _____ Phone No _____

Email Address _____

Croquet Club _____ Playing Experience _____ years (for required code)

Training Required (please tick as required and use separate application for each code)

QUALIFICATION

Level 1 Coach

Level 2 Coach

Level 3 Coach

Level 4 Coach

CODE (please tick required training)

AC – Association

GC – Golf Croquet

RC – Ricochet

GB – Gateball

I meet all the pre-requisites required to attend this level of training.

WWCC / WWVP / BC No: _____ Expiry Date: _____

ACA ID No: _____

Applicants Signature _____ Date _____

CLUB COACHING COORDINATOR / CLUB CAPTAIN / SECRETARY

_____ Croquet Club supports this application to attend Coach training

Name _____

Signature _____ Date _____

SCCACTION	Request Registered	Presenter Allocated	Training Date Advised	Manuals Forwarded