C.C.C.A.N. COACHES CLINIC - 2013

BARBADOS

PRE-REGISTRATION FORM FOR COACHES CLINIC

NAME:_____

EMAIL ADDRESS:_____

COUNTRY: _____

I wish to indicate my interest in attending the Coaches clinic to be held in Barbados

from August 9 to 11: _____

My Position in my federation is: _____

I have previously attended the following clinics:

_____

_____

_____

_____

My present Certification is: _____

My likely Arrival date is: _____

My likely Departure date is: _____

Date_____

Email to: sonpat@caribsurf.com
Copy to: eclarke@caribnet.net
OR FAX:(1-246)429-5292