

Okanagan Gymnastics Centre 365 Hartman Road Kelowna

BC Canada V1X 2M9

Coach in Training Program Application

		Applicant	Inform	ation			
Full Name:					Date:		
	Last	First			M.I.		
Address:	Street Address					Apartment/Unit #	
	Oliver Address					<i>Арактопи</i> Отк #	
	City				Province	Postal Code	
Phone:			Email:				
Birth Date:			SIN:				
		Edu	cation				
High School	:	Address	s:				
			YES	NO	Current		
From:	To:	Did you graduate	? 🗆		Grade:		
College:		Address	s:				
From:	To:	Did you graduate	YES ? 🗌	NO	Degree:		
Other:		Address	s:				
From:	To:	Did you graduate	YES ? 🗌	NO	Degree:		
		Refe	rences				
Please list t	hree professional refer	rences.					
Full Name:	ame:				Relationship:		
Company:					Phon	e:	
Address:							
Full Name:					Relationshi	p:	
Company:					Phon	e:	
Address:							

Questionairre						
Why do you want to be a sport leader and what are your goal	s?					
What sport experiences (gymnastics or otherwise) will help y	ou be a good leader and why?					
When are you available this Fall to complete your 30 Mentors	hip Hours of partner coaching in the gym?					
	p					
About Yo	u					
	2					
What sports have you participated in and for how long?						
What's your favourite type of cake?						
What 3 your lavourite type of dake.						
What's one interesting fact about you that not many people k	now?					
Did you include a Resume and Cover Letter?? ☐ ☐						
I certify that my answers are true and complete to the best of r						
Signature:	Date:					