

File Registration for Coach Candidates

Date: _____

Name: _____

Age: _____ Birthdate: _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

Email address: _____

HCBC # _____ EC Sport License # _____ NCCP # _____

EC Registered Coach Status: _____ yes/no Registered for access to CHAR yes no

Please Indicate which Equestrian Canada Certification you are training for:

<input type="checkbox"/>	Western Instructor
<input type="checkbox"/>	Western Competition Coach
<input type="checkbox"/>	Western Competition Coach Specialist
<input type="checkbox"/>	English Instructor
<input type="checkbox"/>	English Competition Coach (jump and flat)
<input type="checkbox"/>	English Competition Coach (flat only)
<input type="checkbox"/>	English Competition Coach Specialist
<input type="checkbox"/>	Drive Instructor

Mentor Name: _____

Supervising Coach Name: _____

Return this registration form to coaching@hcbc.ca. Please enter all of the information you can however you do not need to have any pre-requisites completed to have a coaching file opened for you.

By filling out and returning this application you give HCBC permission to send emails containing information that is relevant to the Equine Canada Coaching and Instructor programs. Examples would be notifications of NCCP Course dates, Evaluation dates and important changes in the coaching programs. If at any time you would like to stop receiving Coaching Program emails you may unsubscribe by emailing coaching@hcbc.ca and asking to be taken off this email list.

Return this form to:

Horse Council BC 27336 Fraser Hwy, Aldergrove, BC V4W 3N5 or email to coaching@hcbc.ca

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