



COACHES/INSTRUCTORS UPDATING RECORD SHEET

Please Complete The Following:

Name of Coach/Instructor: _____

Address: _____

Telephone: _____ EC # _____ IHC # _____

Description of Clinic/Seminar: _____

Date: _____

Location: _____

Number of Hours Participated: _____

Name of Clinician/Instructor: _____

TO BE COMPLETED BY THE CLINICIAN/INSTRUCTOR

I hereby certify that _____ EC# _____

has completed _____ hours under my instruction as noted above.

Clinician/Instructor signature: _____

EC#: _____

MAIL TO: Island Horse Council, PO. Box 1887, Charlottetown, PE C1A 7N5