

Health Science Applied to Coaching

October 1, 8, 13, 15, 22, 29; November 5, 12, 19, 24, 2020

(see announcement for times)

REGISTRATION FORM

Name of District _____

Person Completing Form _____

Signature of Superintendent (required) _____

F/L Name: _____
Home Address: _____
H Phone: _____ Cert Teacher/ Non-Cert
(circle one)

F/L Name: _____
Home Address: _____
H Phone: _____ Cert Teacher/ Non-Cert
(circle one)

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H Phone: _____ Cert Teacher/ Non-Cert
(circle one)

Please complete all information and return registration form by September 28, 2020 to:

Patrick Burke, Coaching Certification Service
Orleans/Niagara BOCES
4124 Saunders Settlement Road
Sanborn, NY 14132

OR send through inter-school mail; Fax copies to: (716) 731-2148