



# CYA RACE MANAGEMENT PROGRAMME

## APPLICATION FOR COURSE CONDUCTOR CERTIFICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ bus. \_\_\_\_\_ res. \_\_\_\_\_ fax. \_\_\_\_\_

CYA Club Affiliation \_\_\_\_\_ E-mail \_\_\_\_\_

Level of certification currently held - Race Officer    I    II    III    IV

Attended Course Conductor Workshop:    When                      Where

Instructor(s) \_\_\_\_\_

### PROVIDE INFORMATION ON RACE MANAGEMENT TRAINING COURSES YOU HAVE GIVEN DURING THE PAST FOUR YEARS

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Date \_\_\_\_\_ Location \_\_\_\_\_ Level(s) covered \_\_\_\_\_

Other instructors involved \_\_\_\_\_

Topic(s) \_\_\_\_\_

Comments \_\_\_\_\_

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Date \_\_\_\_\_ Location \_\_\_\_\_ Level(s) covered \_\_\_\_\_

Other instructors involved \_\_\_\_\_

Topic(s) \_\_\_\_\_

Comments \_\_\_\_\_

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Date \_\_\_\_\_ Location \_\_\_\_\_ Level(s) covered \_\_\_\_\_

Other instructors involved \_\_\_\_\_

Topic(s) \_\_\_\_\_

Comments \_\_\_\_\_

(CONTINUE ON OTHER SIDE IF NECESSARY)

Return form to: Canadian Yachting Association, 53 Yonge St. Kingston, ON, K7M 6G4

Date \_\_\_\_\_ Signature \_\_\_\_\_

<b>OFFICE USE ONLY -</b>	Date received _____ Date notified _____  Application for Course Conductor certification : _____ by _____ accepted <input type="checkbox"/> refused <input type="checkbox"/> Date _____
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Date                      Location    Level(s) covered

Other instructors involved

Topic(s)

Comments

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Date                      Location    Level(s) covered

Other instructors involved

Topic(s)

Comments

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Comments