

**Course Information:**

**Broomball for Fun (BF2)**

Name of Course

**February 22<sup>nd</sup>, 2020**

Date

**Margo Fournier Gym**

Location

**Curtis Anderson**

Facilitator Name

**Participant Information:** (Please Print)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Community

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth (DD/MM/YYYY)

Gender:  Male  Female

Aboriginal Descent:  Yes  No If you answered yes, please circle which applies: Status Non-Status  
Métis Inuit

Are you (please check box):  A new Coach or Official  Currently Coaching or Officiating

If you are currently involved in sport, please indicate the age/level/gender \_\_\_\_\_

Why are you taking this course?  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about the course?

Website  Word of Mouth  Newsletter  Poster  Tribal Council Coordinator  
 District  Social Media  Other: Please Specify \_\_\_\_\_

What other courses are you interested in taking:

\_\_\_ Aboriginal Coaching Module  
\_\_\_ NCCP Competition – Introduction Part A or Part B  
\_\_\_ NCCP Competition Development  
\_\_\_ NCCP Sport Specific  
\_\_\_ Officials Training  
\_\_\_ Other: Please Specify \_\_\_\_\_

Check here if you would like your name added to an e-mail list to receive information on upcoming ACOP clinics and other Aboriginal coach Professional Development opportunities.

Please return forms to:  
**Saskatchewan Broomball Assoc.**  
**c/o Stacey Silzer**  
**2205 Victoria Ave**  
**Regina, SK**  
**S4P 0S4**

Office: 306-780-9215  
Fax: 306-525-4009  
[saskbroomball@sasktel.net](mailto:saskbroomball@sasktel.net)