



2205 Victoria Avenue, Regina, SK S4P 0S4
Tel: (306) 780-9490 • Fax: (306) 525-4009
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www.saskhorse.ca

COACH UPGRADING RECORD SHEET

Name of Coach: _____

Description of Clinic: _____

Hours of Participation: _____

Name of Clinician / Instructor: _____

I, _____, do hereby certify that:

_____ has completed _____ hours under my instruction as stated above.

Date

Signature of Clinician

Return completed forms to:
The Saskatchewan Horse Federation
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