Basketball Canada
Practical Experience Record

This is a current record of my practical coaching experience.
I am submitting for Level _____ Practical

Name: _____ **CC#:** _____

Address: _____ **Telephone:** _____
_____
_____ **Birthdate:** _____
_____

Email: _____

Date completed Technical: _____ **Level** _____
Date started Practical: _____ **Date Completed** _____ **Level** _____

Name & Address of club/institution:	Description of Program	Coaches' Involvement
_____ **Signature of club/school official** **Title** _____	**Name:** _____ **Age of athletes** _____ **Male** _____ **Female** _____ **Other information:**	**Length of season** _____ **Practices/week** _____ **Length of practices** _____ **Number of games** _____ **Other information:**

I certify that I have been involved in coaching the above team fore one complete season

Coach's signature: _____ **Date:** _____

Send to your PSGB for approval

Approved by: _____ **Date:** _____
(PSGB contact)