



## Training School Registration Form

County Requesting Training Chester

Person Completing Form- Monica Lepore Position: Clinician

E-mail Address: [mnmlapore@gmail.com](mailto:mnmlapore@gmail.com) Phone Number: 302-229-3707

Training School Coordinator \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Today's Date: January 8, 2016 Date of Proposed: Training February 14, 2016

Cost for attendance (if any) 0

### Course Information

Course	Course Level	Secured Clinician	Course Schedule	Course Location	Maximum # of Attendees
Coaching Special Olympics Athletes	I	m. lepore	9-10	Sturzbecker HSC at WCU	6
Coaching Special Olympics Swimming	I	m. lepore	10-1	Classroom and pool	6

Please make a copy for **your personal and your local program's** records and then email this document to [sportstraining@specialolympicspa.org](mailto:sportstraining@specialolympicspa.org) or fax to 814.234.7905