## Clarington Swim Club

Coaching Hours Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month Circle appropriate | Date Circle appropriate | Hours  as Novice Head Coach | Hours as Novice Assistant  coach | Hours as NLS Coach | Other (specify) |
| September  October  November  December  January  February  March  April  May  June | 1 |  |  |  |  |
| 2 |  |  |  |  |
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| 31 |  |  |  |  |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Office use

Qualifications: Pay Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* NCCP Base Pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* level 1 Theory Adjustments re qualifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Level 1 Technical Numbers of Hours worked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Level 1 Practical Total this pay period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Red Cross/RLSS Instructors Cheque # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* First Aid Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NLS

# Invoice

To:

From:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clarington Swim Club

41 Temperance St

PO Box 95

Bowmanville, Ontario

L1C 3A0

For coaching services rendered from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dates)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_