



CANTRA INSTRUCTOR UPDATING SUMMARY

NAME: _____ CTRAI CTRII CTRI CanTRA Coach

e-mail _____ phone # _____

UPDATING PERIOD FROM: _____ TO: _____

DATE	NAME OF COURSE/ LOCATION	COURSE CONDUCTOR	COURSE DESCRIPTION	NUMBER OF THERAPEUTIC HOURS	NUMBER OF RIDDEN HOURS	NUMBER OF OTHER HOURS
e.g.	OEF Learn to teach West Wind Farm, Hamilton	Mary Smith, EC Coach 2	How to teach a balanced seat to a beginner rider	0	0	4
DATE	NAME OF	COURSE	COURSE DESCRIPTION	NUMBER OF	NUMBER OF	NUMBER OF

	COURSE / LOCATION	CONDUCTOR		THERAPEUTIC HOURS	RIDDEN HOURS	OTHER HOURS
			TOTAL			

Please mail forms to:

CanTRA

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