



MARATHON COACH (DISTANCE) CERTIFICATION APPLICATION

1. Name of Applicant (Last name, first name, initial)													
Salutation		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age										
2. Mailing Address		Telephone	Ext.										
Street/Postal Box		Suite/Apt#	Fax Website										
City		Prov/State	PC/ZIP E-mail										
3. Please select the item(s) you are registering for:		4. If you are registering for the Full Program or the Exam											
<u>Certification</u> <input type="checkbox"/> Full Program OR <input type="checkbox"/> Registration <input type="checkbox"/> Exam <input type="checkbox"/> Case Study <input type="checkbox"/> Practical		<u>Exam Dates 2012 5-8pm Eastern Time</u> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 29, 2012</td> <td><input type="checkbox"/> August 12, 2012</td> </tr> <tr> <td><input type="checkbox"/> March 4, 2012</td> <td><input type="checkbox"/> September 9, 2012</td> </tr> <tr> <td><input type="checkbox"/> April 29, 2012</td> <td><input type="checkbox"/> October 7, 2012</td> </tr> <tr> <td><input type="checkbox"/> May 27, 2012</td> <td><input type="checkbox"/> November 18, 2012</td> </tr> <tr> <td><input type="checkbox"/> July 8, 2012</td> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/> January 29, 2012	<input type="checkbox"/> August 12, 2012	<input type="checkbox"/> March 4, 2012	<input type="checkbox"/> September 9, 2012	<input type="checkbox"/> April 29, 2012	<input type="checkbox"/> October 7, 2012	<input type="checkbox"/> May 27, 2012	<input type="checkbox"/> November 18, 2012	<input type="checkbox"/> July 8, 2012	<input type="checkbox"/>
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5. Certification Designation you want to use: <input type="checkbox"/> Marathon Coach <input type="checkbox"/> Running Coach <input type="checkbox"/> Walking Coach													
6. Marathon Experience - Please indicate the highest official race in which you have participated: (we must be able to confirm completion)													
<input type="checkbox"/> 10K Race:	Date:	Source to Confirm:											
<input type="checkbox"/> Half-marathon Race:	Date:	Source to Confirm:											
<input type="checkbox"/> Marathon Race:	Date:	Source to Confirm:											
7. PAYMENT – All Fees are due in Canadian Funds (HST or GST applied where applicable)													
<input type="checkbox"/> Electronic Email (Canada Only)	<input type="checkbox"/> Full Program	\$310 + HST	Subtotal \$										
<input type="checkbox"/> PayPal	<input type="checkbox"/> Registration	\$150 + HST	+ HST or \$										
	<input type="checkbox"/> Exam	\$50 + HST	+ GST \$										
	<input type="checkbox"/> Case Study	\$75 + HST											
	<input type="checkbox"/> Practical	\$100 + HST	TOTAL \$										

Signature of Applicant _____

Name of Applicant _____

Date _____

Office Use Only:

Date Received: _____ NAASFP ID # _____

Accepted Yes No Notified Yes No Date Notified: _____

The Marathon Coach Distance Education Certification Program is managed by the Canadian division. Invoicing will come from Danlyn Group Services Inc. Payment is due in Canadian funds. Please note that distance measurements in the program are shown in metric.