# AFLCA COURSE ROSTER

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| **Course Reference Number:** | | **Dates:** | |
| **Location/Agency:** | | | |
| **Trainer(s):** | | | |

**Course Type** (Please select one option)
** If you are offering Group Exercise Fundamentals with a Designation, please select two options (GE + Designation)

☐Exercise Theory
☐Group Exercise Fundamentals
☐Resistance Training
☐Fitness for the Older Adult
☐Aquatic Exercise
☐Recertification

Designation (if applicable):
☐Choreography
☐Cycle
☐Mind/Body
☐Portable Equipment
☐Step

If participants are listed on this roster it verifies they have completed the **entire** course and will be eligible to register for the appropriate exam. The roster **must** be completed by the AFLCA Trainer and submitted by email to the AFLCA office at info@provincialfitnessunit.ca within 48 hours of the course dates.

**PARTICIPANT LIST:**

| Name | Address | City | Postal Code | Phone # (with area code) | Email |
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