

**Coaches CEU Category E**

On-lane coaching verification form



10 CEU Credits will be earned for

10 individual 1 hour lessons with a minimum of 5 separate individuals or

5 individual 1 hour lessons and assisting in 1 clinic or assisting in 2 clinics

0.5 per 1 half hour of pre/post league play instructional sessions

**Coaches Name**

**Coaches Certification Level**

**Lessons:**

| <b>Date</b> | <b>Bowlers Name</b> | <b>Bowlers Signature</b> | <b>Manager/Proprietor Signature</b> |
|-------------|---------------------|--------------------------|-------------------------------------|
| 1           |                     |                          |                                     |
| 2           |                     |                          |                                     |
| 3           |                     |                          |                                     |
| 4           |                     |                          |                                     |
| 5           |                     |                          |                                     |
| 6           |                     |                          |                                     |
| 7           |                     |                          |                                     |
| 8           |                     |                          |                                     |
| 9           |                     |                          |                                     |
| 10          |                     |                          |                                     |

**Clinics:**

| <b>Date</b> | <b>Name of Clinic</b> | <b>Clinic Director Signature</b> | <b>Manger/Proprietor Signature</b> |
|-------------|-----------------------|----------------------------------|------------------------------------|
| 1           |                       |                                  |                                    |
| 2           |                       |                                  |                                    |

Keep a copy for your records

**Pre/Post League Play Instructional Sessions:**

| Date | Session Duration | League Name | Youth Dir./League Secretary<br>Signature |
|------|------------------|-------------|--|
| 1    |                  |             |  |
| 2    |                  |             |  |
| 3    |                  |             |  |
| 4    |                  |             |  |
| 5    |                  |             |  |
| 6    |                  |             |  |
| 7    |                  |             |  |
| 8    |                  |             |  |
| 9    |                  |             |  |
| 10   |                  |             |  |
| 11   |                  |             |  |
| 12   |                  |             |  |
| 13   |                  |             |  |
| 14   |                  |             |  |
| 15   |                  |             |  |
| 16   |                  |             |  |
| 17   |                  |             |  |
| 18   |                  |             |  |
| 19   |                  |             |  |
| 20   |                  |             |  |

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