



GROUP EXERCISE LEADER DESIGNATION DECLARATION

(please print)

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ (W) _____ (H)

EMAIL: _____

I wish to be recognized in the following areas:

- Step
- Choreography
- Cycling
- Portable Equipment
- Mind/Body (***Note:** For Mind/Body - verification of attendance at a minimum 16 hour related course must be submitted)

For recognition leaders will need to submit one of the following:

- Verification of attendance at a prior training course (enclose document)
OR
- A completed designation recognition form signed by a supervisor (complete section below)
OR
- Prior AFLCA Practical Observation (on file)

Please note that certification will remain at the Group Exercise level with designations in the specific areas.

Supervisor Recognition

To the best of my knowledge, the information on this form is correct.

_____ (print name) _____ (date)

_____ (signature)

Facility Address: _____

City: _____ Postal Code: _____ Phone Number: _____

Upon receipt of this document and/or attachments the designations will be reviewed for compliance and then added to your file. A new certificate and wallet card will be issued.

I verify these are the designations I wish to be transferred into:

Signature

Date