AFLCA COURSE ROSTER

Course Reference Number: _____ **Dates:** _____

Location/Agency: _____

Trainer(s): _____

Course Type: **(please check one)**

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

The information collected on this form will be used for administration within the AFLCA Office.

PARTICIPANT LIST: (please print clearly)

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

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