

GUEST COACHING REQUEST FORM

Name:		
Address:	City:	State:
Zip Code: Email:	Pho	ne:
Required: ISI#	and/or USFSA#_	
Current Home Rink (ISI) / FS Club ((USFS):	
Please submit the following docume	ents with your request:	
ISI or USFS current professional Proof of current liability insurance		
Guest Coach Fee: \$20 per day, to b	pe paid prior to coaching on t	he session.
All coaches/skaters must check in w A Guest coach agrees to follow and Las Vegas Ice Center and their mar guest coaching privileges for failure	I comply with LVIC policies a nagement reserve the right to	nd procedures. o suspend/revoke
Signature:	Date:_	