



Coaches' Certification – Rule Book Tests Answer Sheet

Coach Information

Name

Phone Number

Cell Number

School/Facility Name

City/Town

Province

Date Submitted

Signature

Please complete this form using all CAPITAL letters. For the TRUE/FALSE section, please **write the entire word TRUE or FALSE**. In the multiple choice section, your capital letters should look like the examples below:

A B C D E

Levels 1 & 2		Levels 3, 4 & 5		Pom	
TRUE/FALSE		TRUE/FALSE		TRUE/FALSE	
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	
7.		7.		7.	
8.		8.		8.	
9.		9.		9.	
10.		10.		10.	
Multiple Choice		Multiple Choice		Multiple Choice	
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	
7.		7.			
8.		8.			
9.		9.			
10.		10.			

Office Use Only			
Score:	<input style="width: 60px; height: 25px;" type="text"/>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<div style="display: flex; justify-content: space-between;"> _____ Date Scored _____ Signature </div>