



BC Athletics Officials Mentoring Report

Official Being Mentored: _____
First Name Last Name

BCA Number: _____ Gender: M F Birthdate: _____
dd/mm/yy

Name / Location of Meet: _____

Date(s) of Mentoring: _____

Discipline: _____ Level Requested: _____

Officials Email: _____ Phone: _____

Officials Address: _____

Officials City: _____ Post Code: _____

Officials Club Affiliation: _____

Mentors Name: _____
First Name Last Name

Mentors Email: _____ Phone: _____

Evaluation successful? Y N to be continued? Y N

Signature of evaluator _____

Members Signature _____ Date _____

Please Return Completed Form to the BCA Officials Committee Representative:

Bill Koch willkoch@telus.net 2387 Ottawa Avenue, West Vancouver, BC V7V 2S9

BCA Survey Information for Officials; Check all boxes that apply:

BCA and representatives will not share this information with any other group

Educational Level: Secondary College University

Federal Program Status: Aboriginal Decent Canadian Forces RCMP