

Date: _____

Application for City of Saskatoon Pre and Post Natal Bursary

Name:			Address:				
City/Prov.:			Postal Code:				
Phone Number:	e Number: H: W		C:				
Email:	•						
Linun.							
1. Do you currently hold a fitness certification			? Yes			No	
With what	agency?						
		SPRA	YWO	CA	YMCA	CSEP	
In what spe	voialty?						
in what spe		p Exercise	Older Adu	lt Fitness	CEP	СРТ	
		p			021	011	
2. How long have you been instructing fitness and/or group exercise programs?							
3. What type(s) of group exercise classes have you instructed within the last year?							
4. At which City of Saskatoon facilities would you be most interested in instructing fitness/exercise classes?							
~1				с	Sachataa	Saskatoon Field House	
Shaw Civic Centre			Centre		Saskatool		
Lawson Civic CentreHarry Bailey Civic CentreCosmo Civic Centre							
5. If you were successful in obtaining Pre/Post Natal Training, when are you available to instruct?							
(Check all times that apply) *Note: Morning availability is in demand*							
Day/Time	8:00 a.m	- 12:00 p.m.	12:00 p.m	– 5:00 p.m.	5:00 p.m	- 10:00 p.m.	
Monday							
Tuesday Wednesday							
Thursday							
Friday							

Return to: Fitness Specialist Rec and Comm Dev Division 2020 College Drive Saskatoon SK S7N 2W4

Saturday Sunday

> Phone: (306) 975-7808 Email: Kimberley.guillaume@saskatoon.ca