

| **Coach Name: Kevin Day** | **Pod Name: Bunnahabhain** |
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| **Date Form Submitted­:** |  |

**II**n**Instructions:** List information below for each client you are counting for Certification hours. You may add to this list at any time. At the end of the Program, you will be required to submit an updated roster that reflects ALL clients who you are counting toward your 100 coaching hours. CTI will not contact any client without first notifying the coach. All client information is kept in the coach’s confidential student file.

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| **Client Name** | **Client Email** | **Client Phone** | **Date Coaching Began** | **Date Coaching Ended** | **# Sessions Per Month** | **Session Length** | **Monthly Fee** |
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