



Hosting a CALA Event – Tell us what you need!

Please type or print in black ink and fax or mail back the completed form to CALA.

Date:

Facility Name _____
Location: (City and Province) _____
Your Name _____
Your Title _____
Your Phone (include area code) _____
Your Email _____

Check ✓ the appropriate response(s):

1. What training courses are you interested in hosting?

- _____ Foundations of Vertical Water Training (Pre-requisite Program) **Note*****
- _____ Group Aqua Fitness Specialty Training and Certification
- _____ Healing Waters: Post Aquatic Rehabilitation Program: Aqua Arthritis Specialty Training and Certification
- _____ Water Running/Jogging Specialty Training and Certification
- _____ Aqua Kick Box – Centre of Power Specialty Training and Certification
- _____ Aqua Natal Specialty Workshop for Continuing Education Credits
- _____ Older Adults Specialty Workshop for Continuing Education Credits
- _____ Other Workshops – 3–6hours - choice topic or need to be addressed
- _____ Conference: Regional or National

*** **Note:** *In the case where potential course participants have prior education and experience with respect to fitness leadership, CALA offers a “Letter of Acceptance” that must be completed in order to bypass participation in the pre-requisite Foundations of Vertical Water Training Course. Once the candidate is accepted and given permission to bypass the VWT course, they must purchase a VWT manual and successfully complete an open book theory exam before proceeding to a Specialty Training and Certification course.*

2. When you would like to host the event?

- _____ Within the next month
- _____ Within the next 1-3 months
- _____ Within the next 6 months
- _____ Immediately
- _____ Specific date you have in mind: (_____)



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3. Has your facility hosted a CALA event before?) ___yes ___no ___not sure
If yes, which one: _____
When (approx. date): _____
4. How many participants will be attending? _____
5. Would you like to invite outside instructors/participants to the course? (This is a great way to increase revenue for hosting the course and provides valuable exposure to your facility) ___yes ___no ___not sure
6. What are your goals in hosting this event? (check all that apply)
- _____ Address the need of shortage of instructors at our facility
 - _____ Training for our new or current staff who require high quality certification
 - _____ Continuing education and motivation for our instructor team
 - _____ Earn revenue for our facility
 - _____ Ongoing training and certification to create a centre of excellence at our facility
 - _____ Increase programming opportunities at our facility
 - _____ Other: _____
7. What is your budget for this event?(approx.) _____
8. How did you hear about CALA?
9. When is the best time for the CALA Host Affiliate Manager to follow up with you?
- Day: Any day through the work week in the mornings or at home in the evenings.
- AM or PM:
- Prefer: Phone_____ Email_____ either_____

Thank you!

Please email or fax this information back to the CALA Office.
Your request is important to us and we will follow up within 24-48 hours.
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www.calainc.org