**Mountain Bike Australia**

# Mountain Bike Coaching Log

Date submitted: _____

Full Name: _____

Coaching Level: _____ MTBA Member #: _____

| Date | Duration of Session | Number of Participants | Location | Session Details / Teaching Points |
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Total Hours: _____

Page _____ /_____

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ABN 31 616 027 153
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info@mtba.asn.au www.mtba.asn.au

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