NCCP CCI-T2T Coaching Experience Form



NCCP CC #:	Last Name: _				
First Name:		Street: Prov.:			
City:					_
Postal Code:	Tel:	Email:			
Date of Birth (d/m/y):		Male or Female (circle one)	English or (circle o		
Complete one season of dryland and on-snow many many many many many many many many					on time;
Beginning date:		Ending date:			
Receive a satisfactory comments from skiers			ead Coach) wh	no has gath	ered
Assist a provincial/terr development and recei					
Date and location of ca	mp:				
Please sign the following SDP Programmer, Club E		e it verified by a lead	der from your	ski club (H	ead Coach
I, requirements for cross-co	untry skiing.	_ have completed	the NCCP	CCI-T2T	experience
Date	Sign	ature of Applicant			
I verify thatexperience requirements to	or cross-country ski	ha	as completed	the NCC	P CCI-T2T
Date		ature of Club Official			

Please forward to the Cross Country BC Office at: #106 – 3003-30th St., Vernon, BC V1T 9J5, or programs@crosscountrybc.ca