NCCP CCI-T2T Coaching Experience Form



NCCP CC #:	Last Name: _	
First Name:		Street:
City:		Prov.:
Postal Code:	Tel:	Email:
Date of Birth (d/m/y):		₩₩₩₩₩Ũ^} å^¦ /₩₩₩₩₩₩₩₩₩₩Ĕæ) * ´æ* ^ (circle one) (circle one)
		ience (a minimum of 60 hours including preparation time; h athletes at the T2T stage of development.
Beginning date:		Ending date:
Receive a satisfactory comments from skiers		club leader (i.e. Club Head Coach) who has gathered ved with the program.
		training camp that includes athletes in the T2T stage evaluation from the Head Coach (P/TCE Assignment).
Date and location of c	amp:	
Please sign the following SDP Programmer, Club I	-	ave it verified by a leader from your ski club (Head Coa
I, requirements for cross-co	ountry skiing.	have completed the NCCP CCI-T2T experier
Date	Sigr	gnature of Applicant
I verify that experience requirements		has completed the NCCP CCI-1 skiing.
Date	Sigr	gnature of Club Official

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

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