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):		Male or Female (circle one)	English or French (circle one)	
Complete one season of dryland and on-snow many and on-snow many area.			nours including preparation time; ge of development.	
Beginning date:		Ending date:		
Receive a satisfactory comments from skiers			ad Coach) who has gathered	
			udes athletes in the T2T stage o Coach (P/TCE Assignment).	
Date and location of ca	mp:			
Please sign the following SDP Programmer, Club E		e it verified by a leade	er from your ski club (Head Coach	
I,requirements for cross-co	untry skiing.	_ have completed	the NCCP CCI-T2T experience	
Date	 Sign	ature of Applicant		
I verify thatexperience requirements f			s completed the NCCP CCI-T21	
Date	 Sign	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.

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