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 coadryland and on-snow mixed)	• .	•	hours including preparation time; age of development.	
Beginning date:		Ending date:		
Receive a satisfactory evalu comments from skiers and p		•	ead Coach) who has gathered	
•		•	cludes athletes in the T2T stage d Coach (P/TCE Assignment).	of
Date and location of camp: _				
Please sign the following state SDP Programmer, Club Execut		e it verified by a lead	der from your ski club (Head Coad	;h,
I,requirements for cross-country	skiing.	_ have completed	the NCCP CCI-T2T experien	ce
Date	Sign	ature of Applicant		
I verify thatexperience requirements for cro	oss-country skii		as completed the NCCP CCI-T	2T
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.

.