

NCCP Community Coaching Experience Form Cross Country Skiing

NCCP CC #:	Last Name:			
First Name:	Street:			
City:		Prov.:		
Postal Code:	Tel:	Er	Email:	
Date of Birth (d/m/y): _	M	ALE or FEMALE	ENGLISH or FRENCH	
time) working with ath	nletes in the Active Sta	rt and/or FUNdame	20 hours including preparation entals stages of development ctivity/practice sessions.	
Beginning date:		Ending date:		
Age range:N	ame of Ski Club:		_	
	y evaluation from your Cots involved with the pro		ho has gathered comments	
<u> </u>			tals stage of development at other age-appropriate specia	
Date, name and locat	ion of "Special Activity":			
	y evaluation from your C arents involved in the ac		ho has gathered comments	
Please sign the following Head Coach):	statement and have it v	verified by a leader	from your ski club (i.e. Club	
I,experience requirements	ha h	ave completed the N	NCCP Community Coaching	
DATE	Signatu	re of Applicant		
verify that_ Coaching experience requi	rements for cross-count	has complet ry skiing.	ed the NCCP Community	
DATE	 Signatui	re of Club Head Co	ach	
	Print na	me of Club Head C	oach	