

NCCP L2T Experience Form Cross Country Skiing

CC	#:					
FIRST NAME:		STREET:				
CIT	Y:		PROV.:			
PC:		PH:	BIRTHDAY (d/m/y):			
MA	LE or FEMALE	ENGLISH or FRENCH	EMAIL:			
1.			a minimum of 40 hours including preparation time; es at the L2T stage of development.			
	Beginning date:	E	nding date:			
	Receive a satisfactory evaluation from your Club Head Coach who has gathered comments from skiers and parents involved with the program.					
2.	Lead a safe, appropriately structured and organized on-snow practice session for athletes in the L2T stage of development, and receive a satisfactory evaluation from your Club Head Coach					
	Date, location and	signature of Head Coach:				
	stage of developme	ent, and receive a satisfactory	zed roller ski practice session for athletes in the L2T evaluation from your Club Head Coach.			
	Date, location and	signature of Head Coach:				
4.	(dryland or on-sno	w) for athletes in the FUNdan	ight, interclub or regional skill development camp nentals/L2T stages of development.			
	Date, name and 10	callott of camp.				

5.	5. Organize and help coach your club team at a Regional Cup or similar age-appropriate comp for athletes in the FUNdamentals/L2T stages of development. Provide appropriate waxing suffer your athletes and receive a satisfactory evaluation from your Club Head Coach.						
	Date, location of camp and signature	re of Club Head Coach:					
Ple	ease sign the following statement and	I have it verified by your Club Head Coach:					
l, _ for	cross-country skiing.	have completed the NCCP L2T experience requirements					
DA	 TE	Signature of Applicant					
	erify that uirements for cross-country skiing.	has completed the NCCP L2T experience					
DA	TE	Signature of Club Head Coach					

Please forward to the Cross Country BC Office at programs@crosscountrybc.ca