

## NCCP L2T Experience Form Cross Country Skiing

CC	#:LAS	NAME:		
FIR	ST 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 skiers and parents involved with		b Head Coach who has gathered comments from	
2.	L2T stage of development, and r	eceive a satisfa	ized on-snow practice session for athletes in the actory evaluation from your Club Head Coach	
	Date, location and signature of F	iead Coach:		
	stage of development and receive	e a satisfactory	zed roller ski practice session for athletes in the L2T evaluation from your Club Head Coach.	
4.			night, interclub or regional skill development camp nentals/L2T stages of development.	
	Date, name and location of camp	o:		
5.	for athletes in the FUNdamentals	s/L2T stages of	egional Cup or similar age-appropriate competition development. Provide appropriate waxing support uation from your Club Head Coach.	
	Date, location and signature of C	Slub Head Coac	h:	
Ple	ase sign the following statement a	and have it verif	ied by your Club Head Coach:	
l,	cross-country skiing.	have	completed the NCCP L2T experience requirements	
TOT (	cross-country skiing.			
DA	TE	Signature of	of Applicant	
I ve req	rify thatuirements for cross-country skiing	<u> </u>	has completed the NCCP L2T experience	
DA	TE	Signature	of Club Head Coach	
		Print na	me of Club Head Coach	