



NCCP CCD-L2C Experience Form

NCCP #: LAST NAME:		
FIRST NAME:		_ STREET:
CITY:		PROV.:
PC:	PH:	BIRTHDAY (d/m/y):
MALE or FEMALE	ENGLISH or FRENCH	EMAIL:
	eason of coaching experience wit f 12 weeks on snow and 24 week	h a group of L2C athletes on a weekly basis s dryland.
Beginning date:	Enc	ling date:
		ler (i.e. Club Head Coach or Racing programs and parents involved with the program.
Signature of club	leader:	
receive a satisf assignment).	actory evaluation from the divi	v divisional level camp for L2C athletes and sional team coach or coordinator (P/TCE
Signature of divi	sional team coacn/coordinator:	
	Nationals, Easterns, Westerns ctory evaluation from the division	or World Junior Championships trials and al team coach or coordinator.
Date and locatio	n of competition:	
Signature of divi	sional team coach/coordinator:	
	CE training camp assignment w nead coach/trip leader.	ith NDC or NST and receive a satisfactory
Date and locatio	n of camp:	
Signature of Hea	ad Coach:	
	lowing statement and have it ver coaching development director or	ified by a leader from your ski club (Racing club executive):
I,	have	completed the NCCP CCD-L2C experience
requirements for cre	oss-country skiing.	
Date	Signature o	of Applicant
I verify that		has completed the NCCP CCD-g.
L2C experience rec	uirements for cross-country skiin	g.
Date	 Signature o	of Club Official
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