



## 11.5 NCCP Community Coaching Experience Form

CC #: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV.: \_\_\_\_\_

PC: \_\_\_\_\_ PH: \_\_\_\_\_ BIRTHDAY (d/m/y): \_\_\_\_\_

MALE or FEMALE      ENGLISH or FRENCH      EMAIL: \_\_\_\_\_

1. Complete one season of coaching experience. Prepare for, assist with, and /or lead a **minimum** of six activity/practice sessions including one "special activity". **Minimum** of 20 hours of coaching including preparation time.

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Age range: \_\_\_\_\_ Name of Ski Club: \_\_\_\_\_

Receive a satisfactory evaluation from a club leader (i.e. Club Head Coach, SDP Programmer) who has gathered comments from skiers and parents involved with the program)

2. Assist/lead a group of skiers at a season wind-up, Ski Tournament or some other age-appropriate FUNDamental "special activity".

Date, name and location of "Special Activity": \_\_\_\_\_

Receive a satisfactory evaluation from a club leader (i.e. Club Head Coach, SDP Programmer) who has gathered comments from the skiers and parents involved in the activity;

*Please sign the following statement and have it verified by a leader from your ski club (Head Coach, SDP Programmer, Club Executive):*

I, \_\_\_\_\_ have completed the NCCP Community Coaching experience requirements for cross-country skiing.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Applicant

I verify that \_\_\_\_\_ has completed the NCCP Community Coaching experience requirements for cross-country skiing.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Club Official

**Please forward to the CCBC Office at: 250-545-9614 (fax) or [programs@crosscountrybc.ca](mailto:programs@crosscountrybc.ca) (email). CCBC Office telephone #: (250) 545-9600.**