



## 12.5 NCCP CCI-L2T Experience Form

NCCP CC #: \_\_\_\_\_ Last Name: \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov.:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth (d/m/y):** \_\_\_\_\_  Male or  Female  English or  French

**Please check box if the practical experience requirements have been achieved with Para-Nordic athletes:**

1. Complete one season of coaching experience (a minimum of 40 hours including preparation time; dryland and on-snow mixed) working with athletes at the L2T stage of development.

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

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. Organize and lead an overnight, interclub skill development camp (dryland or on-snow) for athletes in the L2T/FUNDamentals stages of development.

Date and location of camp: \_\_\_\_\_

3. Lead a club team to a Regional Cup, Midget Championship or similar age-appropriate competition for athletes in the L2T/FUNDamentals stages of development and provide appropriate waxing support for your athletes.

Date and location of competition: \_\_\_\_\_

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 CCI-L2T experience requirements for cross-country skiing.

\_\_\_\_\_  
DATE

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

I verify that \_\_\_\_\_ has completed the NCCP CCI-L2T experience requirements for cross-country skiing.

\_\_\_\_\_  
DATE

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

**Please forward to your Division Office**