



NCCP Clinic Request form

**Please print this Request Form & Fax or email to
Softball BC with all the following information:**

Name of Association: _____

Contact Person: _____

Address: _____

Postal Code: _____

Phone (H): _____ (W): _____

E-Mail: _____

Preferred Date(s): _____

Facility Location: _____

Address: _____

Estimated number of participants: _____ Minimum 10 Required

TYPE OF NCCP CLINIC REQUESTED:

- Community Clinic (LTP)**-Learn to Coach Initiation, for coaches of children 5-10
- Community Clinic 1** – On-Going Participation, for recreation/community coaches
- Competition – Intro.** – Clinic 1, for the rep/A division coaches
- Competition – Intro.**– Clinic 2 , for Rep/A division coaches who have completed Clinic 1
- Competition Intro. Evaluation** – requirement for certification in New NCCP

Upon receipt of Clinic Request form, Softball BC office will attempt to secure facilitators for the dates requested and provide Host Responsibilities for your review. You will be advised if your request cannot be accommodated for any reason, or if an alternate date needs to be arranged. Travel/ accommodation arrangements for your facilitator will be made when you return the host contract with registration deposit for guaranteed 10 participants, **if deposit is not submitted to Softball BC 2 weeks prior to clinic date there is no guarantee a facilitator will be provided.**

Please mail or fax request to:

P.O. Box 45570, Sunnyside Mall, Surrey, B.C. V4A 9N3
Phone (604) 531-0044 Fax (604) 531-8831 Email: programcoordinator@softball.bc.ca