



National
Coaching
Certification
Program

2016 NCCP Clinic Request Form

Please fax to 604-531-8831 or email to programcoordinator@softball.bc.ca

Name of Association: _____

Contact Person: _____

Street Address: _____ City: _____

Postal Code: _____ Email: _____

Phone (H): _____ (Cell): _____

Please note that the contact information will be posted on our website

Please indicate the date your association would like to host this clinic:

1st choice: _____ 2nd choice: _____

Location of Clinic: _____

Address: _____

Please Note that the host association must pay for a minimum of 10 participants, and will be invoiced after the clinic's completion for each participant over 10

TYPE OF NCCP CLINIC REQUESTED: *(If requesting more than one clinic, please submit multiple forms)*

SOFTBALL COMMUNITY SPORT

- Initiation – Learn to Coach Clinic *(Please note: there is a price change for LTC clinics)*
- Ongoing Participation Clinic

SOFTBALL COMPETITION-INTRODUCTION STREAM

- Competition – Introduction Weekend #1 Clinic
- Competition – Introduction Weekend #2 Clinic

PLEASE NOTE: NO CLINIC MATERIALS OR FACILITATOR WILL BE SENT FOR A CLINIC WITHOUT THE DEPOSIT PAID IN FULL AT LEAST 1 WEEK PRIOR TO CLINIC

SOFTBALL BC

#201 WALNUT GROVE DRIVE, LANGLEY BC V1M 2N7

PHONE: 604-371-0302 FAX: 604-371-0344

Email: programcoordinator@softball.bc.ca Website: www.softball.bc.ca