



National  
Coaching  
Certification  
Program

## 2016-2017 NCCP Clinic Request Form

Please fax to 604-371-0344 or email to [programcoordinator@softball.bc.ca](mailto: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:

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> 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

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