



National
Coaching
Certification
Program

2018-2019 NCCP Clinic Request Form

Please fax to 604-371-0344 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 person & email will be posted on our website

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

- Learn to Coach Clinic (1 day)
- Community Coach - Ongoing Participation Clinic (2 day)

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

1st choice: _____ 2nd choice: _____

SOFTBALL COMPETITION-INTRODUCTION STREAM *(association must host both clinics)*

- Competition – Introduction Clinic #1 & Clinic #2

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

Clinic #1: 1st choice: _____ 2nd choice: _____

Clinic #2: 1st choice: _____ 2nd choice: _____

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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