

NATIONAL COACHING CERTIFICATION PROGRAM COACHING CLINIC REGISTRATION FORM

COURSE NAME: _____

COURSE DATE: _____

COURSE LOCATION: _____

PLEASE NOTE, REGISTRATION AND PAYMENT MUST BE RECEIVED 5 DAYS PRIOR TO COURSE DATE.

PLEASE PRINT CLEARLY

Last Name:		First Name:	
Address:			
City:		Province:	
Postal Code:		Birthdate: dd/mm/year	
Email Address:			
Phone 1:		Phone 2:	
Preferred method of contact:		<input type="checkbox"/> email	<input type="checkbox"/> Phone
TRIBC # (if applicable)			
Are you a currently certified NCCP coach?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
CAC # (if applicable)			
If applicable, please indicate your current level of NCCP Certifications (Level, Sport, Theory):			
Please provide any additional information/experience (i.e. current/past triathlon experience), or if there is a particular area of (coaching) interest:			

COURSE PAYMENT INFORMATION – PAYMENT MUST ACCOMPANY REGISTRATION

\$125.00 Must provide TriBC member number above.

METHOD OF PAYMENT (*please note, a \$2.50 transaction fee will be included in all creditcard payments)

Cheque Visa* Mastercard*

Card No. _____ Expiry Date: _____

Signature _____

Please email, fax or mail completed registration forms to: Triathlon BC
 PO Box 34098, Station D
 Vancouver, BC
 V6J 4M1
 e. info@tribc.org f. (604) 736-3180