

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			
<input type="checkbox"/> \$125.00 Community Sport - Must provide TriBC member number above.			
<input type="checkbox"/> \$225.00 Competition Introduction - Must provide TriBC member number above.			
METHOD OF PAYMENT (*please note, a \$2.50 transaction fee will be included in all creditcard payments)			
<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa*	<input type="checkbox"/> 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