



# CROSS COUNTRY BC

## EXTERNAL COURSE CREDENTIALS PROGRAM

Name of CCBC Program: \_\_\_\_\_  
(BC Ski Team/BC Development Squad)

Year Applying For: \_\_\_\_\_

Name of student/athlete: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City/Town)

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Name & Address of School: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School Contact Name: \_\_\_\_\_

School Contact Email: \_\_\_\_\_

School Contact Telephone: \_\_\_\_\_

I \_\_\_\_\_ verify that \_\_\_\_\_  
name of personal coach (please print) name of athlete (please print)

has completed his/her required training for the year \_\_\_\_\_

Signature: \_\_\_\_\_  
signature of personal coach

Date: \_\_\_\_\_

**Please email ([adcoord@crosscountrybc.ca](mailto:adcoord@crosscountrybc.ca)) the completed copy of this form, signed by both yourself and your coach, along with your annual training plan, no later than May 21<sup>st</sup> following the end of the ski season.**