



2013 CANADIAN NATIONAL THROWS CONFERENCE APPLICATION FOR COACH FUNDING

1 APPLICANT INFORMATION

GENDER

MALE FEMALE

APPLICANT LEGAL LAST NAME

APPLICANT LEGAL FIRST NAME

M. INITIAL

MAILING ADDRESS (STREET & NO.)

CITY

PROV

POSTAL

HOME PHONE

MOBILE PHONE

WORK PHONE

FAX

EMAIL

2 COACHING INFORMATION

BC ATHLETICS NUMBER

NCCP NUMBER

CLUB AFFILIATION

NCCP CERTIFICATION LEVEL

LOCATION

YEAR

COACHING STATUS

FULL TIME PART TIME

COACHING SALARY

SALARY HONOURARIUM VOLUNTEER

COACHING AT

SCHOOL COLLEGE/UNIVERSITY CLUB

3 COACHED/COACHING ATHLETE INFORMATION

BELOW, PLEASE INDICATE INFORMATION ON THREE (3) ATHLETES YOU ARE COACHING OR COACHED DURING THE 2012 OR 2013 SEASON.

ATHLETE 1 - FULL NAME

EVENT

BC / CANADIAN TEAM

YEAR

ATHLETE 2 - FULL NAME

EVENT

BC / CANADIAN TEAM

YEAR

ATHLETE 3 - FULL NAME

EVENT

BC / CANADIAN TEAM

YEAR

4 OTHER INFORMATION / RESPONSIBILITIES / SIGNATURE

BY CHECKING THE BELOW BOXES, I UNDERSTAND THAT I WILL BE EXPECTED TO:

- PROVIDE A WRITTEN REPORT NO LATER THAN TWO (2) WEEKS UPON COMPLETION OF THE CONFERENCE
- PROVIDE INFORMATION TO COACHES WHO COULD NOT ATTEND THE CONFERENCE
- BE ABLE TO PRESENT INFORMATION RELATING TO THE CONFERENCE TO OTHER COACHES AND ATHLETES IN FUTURE WORKSHOP AS MAY BE ARRANGED.

I HEREBY CONFIRM THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT



SIGNATURE

DATE

PLEASE RETURN THIS FORM TO BC ATHLETICS NO LATER THAN **OCTOBER 08, 2013.**

BY MAIL

BY FAX

BY SCAN & EMAIL

BC ATHLETICS
FORTIUS ATHLETE DEVELOPMENT CENTRE
3713 KENSINGTON AVENUE
SUITE 2001 B - OSLO LANDING
BURNABY, BC V5B 0A7

ATTN: GARRETT COLLIER
(604) 333 - 3551

GARRETT COLLIER
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