

FOOTBALL ALBERTA

Percy Page Centre, 11759 Groat Rd, Edmonton AB T5M 3K6

Ph: 780-427-8108 Fax: 780-427-0524 Registration Forms at: www.footballalberta.ab.ca

or email: admin@footballalberta.ab.ca

NCCP FOOTBALL “Competition-Introduction at Position Coach” Clinic
National Coaching Certification Program (New NCCP)

The New NCCP **Competition-Introduction at Position Coach** (Replaces Level 1 & 2 Technical and Theory). If you are certified in the old NCCP at Level 2 you have this as an equivalency and do not have to take it).

---Note to **Head Football Coaches/Team Contacts**: Please Inform Your Assistants, this memo does not go to them---

Location	Date	Time	**Cost
Telford House, 4907 - 46 St., Leduc	Sat. March 5	9:00 am – 4:30 pm	Check: \$80 + gst = \$84
	Sun. March 6	9:00 am – 4:30 pm	Credit Card: \$80 + 2.40 + gst = \$86.52
*Check 2 positions with an X	___OL ___RB	___QB’s ___Rec	___DL ___LB ___DB

* Check 2 positions that you would like to be covered. We will cover the 2 positions most requested.

** **Credit Cards**: subject to a 3% processing fee (Fee via credit card is \$80 + 3% + gst = \$86.52)

** **Check**: if paying by check the fee is \$80.00 + gst = \$84.00

REGISTRATION INFORMATION

- Fill out the form below and return it, along with a cheque for the appropriate amount, payable to Football Alberta, at least 5 days prior to the clinic. Credit Card payments are accepted.
- Cost includes course, manual, & Coaching Ass. of Canada surcharge for database entry.
- Each clinic is subject to a minimum attendance figure. Should that number not be met three days prior to the clinic, then all applicants will be refunded. You will be called only if a clinic is to be cancelled.
- Cancellations made on/after March 1st are subject to a \$40.00 non-refundable administrative fee. Casual wear is appropriate.
- Please be on time due to the amount of content to be covered in the time allotted.

Fax or email this form to Football Alberta, 11759 Groat Rd, Edmonton AB T5M 3K6 Fax: 780-427-0524 or email: admin@footballalberta.ab.ca. (Keep a copy for your records).

NCCP “Competition Intro at Position Coach” CLINIC – REGISTRATION FORM

NAME _____ PH: (H) _____ (B) _____ (F) _____

ADDRESS: _____ PC _____ E-MAIL: _____

OF YEARS COACHED: _____ TEAM NAME: _____

Payment Method: Check One:

Check Enclosed ___ Visa ___ MasterCard ___ Card-Holder Name _____

Card # _____ Expiry Date _____

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