GYMnastics nastique | CANADA

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APPENDIX NCP 1

CONFIRMATION OF ACCEPTANCE OF HIGH PERFORMANCE STATUS FOR 2018

OFFICIAL NAME OF CLUB _____

MAILING ADDRESS OF CLUB _____

STREET ADDRESS OF GYM IF DIFFERENT: _____

_____

TELEPHONE ( ) _____ FAX ( ) _____

CLUB'S E-MAIL ADDRESS _____

E-MAIL ADDRESS OF HEAD COACH _____

E-MAIL ADDRESS OF SECOND COACH _____

E-MAIL ADDRESS OF THIRD COACH _____

NAME OF HEAD COACH _____
print

I accept that the following athletes received High Performance status for in **2018**:

_____ _____
Signature of Head Coach Date

PLEASE PRINT

FAMILY NAME OF ATHLETE	FIRST NAME	CATEGORY	HP COACHES FOR THIS ATHLETE