Holy Cross Catholic Academy

High Performer Athlete Program

Coach's Reference Form

Name of Applicant: _____ **Sport:** _____

Coach's Information

Coach's Name: _____ Team: _____

Coach's Email: _____ NCCP #: _____

Training Centre Address: _____

Training Centre Phone: _____ Fax: _____

1. Please circle the competition level(s) of the applicant: Regional Provincial National International
2. What are some realistic goals for this applicant?
   -
   -
   -
3. Please outline the applicant's average weekly training schedule: Season: _____ (month) to _____ (month)

DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
TIMES							
TOTAL HOURS							

Coach's Signature: _____ Date: _____