





## Holy Cross Catholic Academy High Performer Athlete Program

## **Coach's Reference Form**

Name of Ap	plicant:							
Sport:					Level:			
Please circle the competition level(s) of the applicant:					Regional	Provincial	National	International
Coach's Name:								
Coach's Email:					NCCP #:			
Гraining Се	ntre Address	S:						
Training Centre Phone:					Fax	::		
1. What a	re some real	istic goals fo	r this applic	ant?				
2. Please outline the applicant's average weekly training schedule: Season: to to month) (month)								
DAY	MON	TUES	WED	THURS	FRI	SAT	SUN	
TIMES								
TOTAL HOURS								
				1		I	<u>I</u>	

Coach's Signature: \_\_\_\_\_ Date: \_