





## Holy Cross Catholic Academy High Performer Athlete Program

## **Coach's Reference Form**

Name of App	olicant:								
Sport:					Level:				
Please circle the competition level of the applicant:					Regional	Provincial	National	International	
Coach's Name:					Team:				
Coach's Email:					NCCP #:				
Training Cen	itre Address:								
Training Centre Phone:					Fax:				
2. Please o	outline the ap	oplicant's av	erage weekl	y training scl	hedule:		to		
DAY	MON	TUES	WED	THURS	FRI	SAT	SUN	1	
TIMES									
TOTAL HOURS									
Coach's Sign	ature:				Da	ate:			