



BC Snowboard – CWSAA Competitors Pass Report
Mail or email signed copy to BC Snowboard Association

Athlete Name: _____

Coach Name: _____

Coach Certification: _____

Club Name: _____

Main Training Resort: _____

Athlete LTAD Stage: _____

****Attach Athlete's Calendar of training/competition plan for the 2015-2016 season****

I confirm that the attached training/competition plan for the 2015-2016 season is accurate.

Athlete signature: _____ **Date:** _____

I confirm, as the Coach of the above athlete, that the attached training/competition plan for the 2015-2016 season is accurate:.

Coach signature: _____ **Date:** _____