



CROSS-COUNTRY SKI DE FOND CANADA DIVISION REGISTRATION FORM

SKI SEASON / INSURANCE YEAR: 2016 / 2017

DIVISION NAME: _____
(Please Print)

PERMANENT DIVISION ADDRESS: _____

Postal Code: _____ Email: _____

Phone: _____ Fax: _____

Web Site: _____

On behalf of the _____ Division, I have read the CCC Insurance Manual and agree to the recommendations outlined, including the requirement to register Division programs and to provide direction to member clubs of the Division regarding compliance with requirements of the CCC Liability Insurance Policy.

Name of Division Chairperson: _____
(Please Print)

Address: _____ Postal Code: _____

Phone #: _____ Email: _____

Signature: _____ Date: _____
(Division Chairperson)

Division Staff (list position title only)

Division Racing Teams/Programs/Camps (list)

Routine Division Governance and Administration (check as applicable)

Board Meetings ()	Ad Hoc Meetings ()
Annual General Meeting ()	Committee Meetings ()

CCC and Division Directed Programs and Activities (check as applicable)

Skill Development Programs ()	School Ski Programs ()
Recruitment to Competitive Skiing Initiatives ()	
NCCP Courses ()	Official's Courses ()
Course Conductor Updates ()	Trail Development Workshops ()
Club Development Workshops ()	Provincial TD Seminars ()
Other (Please list):	Para-Nordic Programs ()

Division Sanctioned Events/Competitions (if applicable – attach list with event name, host club, location and date)