SPECIAL OLYMPICS SASKATCHEWAN
NCCP Coaching Clinic

Registration Form

DISTRICT/COMMUNITY: _____

NAME: _____

ADDRESS: _____

CITY: _____ **PROV:** _____ **POSTAL CODE:** _____

PHONE NUMBER: _____ **(H)** _____ **(W)**

E-MAIL: _____

*****NOTE***Participants in any NCCP course must be 16 years of age or older**

WORKSHOP/COURSE DETAILS

Location of Workshop/Course: Moose Jaw **Date:** January 17-18, 2026

SOC Competition Course

Registration is Free

NCCP Number: _____

REGISTRATION DEADLINE: January 12, 2026