

D. Level of Competition and Rankings		
Please check level of competition attained to date:	<input type="checkbox"/> National Senior Team	<input type="checkbox"/> National Development Team Pool
<input type="checkbox"/> National Junior Team	<input type="checkbox"/> Provincial Team	
If member of National Senior Team, indicate number of matches / competitions completed for Canada to date:		

E. Coaching Data		
Name of Coach:	NCCP # _____	
Name of Competition Development (or equivalent) Coach	NCCP # _____	
Place of Residency	Province:	Postal Code:

F. REMINDERS		
<u>Have you included a Letter from your Coach along with your YTP as indicated in Criteria?</u>	Yes _____	No _____
<u>Have you consulted with an NCCP Coach regarding your Yearly Training Plan (YTP)?</u>	Yes _____	No _____
<u>Have you very carefully read all the criteria required f this application?</u>	Yes _____	No _____
<u>Have you included a copy of your BCTSA Membership for 2018</u>	Yes _____	No _____
<p>Yearly Training Plan example documents are on the BCTSA web site. <i>If an athlete does not normally work with a Competition Development (or equivalent) coach then they should consult a Comp Dev NCCP Target Shooting coach when finishing the development of their YTP. It is acceptable for the athlete to have at least an Instructor Beginner (or equivalent) coach full time and this coach must vouch for their training time and thoroughness, and the athlete and his coach must consult during training camps and competitions to discuss the athlete's progress in relation to the YTP.</i></p>		

G. Declarations	
I hereby declare that the information on this application, to the best of my knowledge, is true and complete. If verification of my academic standing is required, I give my approval for further investigation. In return for any assistance provided to me under the BCTSA Assistance Program, I agree to fulfill all training and competition commitments, to make myself available to Team BC selection, and to contribute to athlete and coaching development programs run by the Province Sport Organization (PSO) within British Columbia. I hereby permit the unrestricted use of my name, list of sport accomplishments and BCTSA generated images for the purpose of recognition by the Government of BC officials, the BCTSA and the media as they pertain to the Canadian Grand Prix Assistance Program.	
Signature of Applicant:	Date:
<i>If under 19 years, parent or guardian's signature also:</i>	
Signature of Parent/Guardian:	Date:
I hereby endorse this application for assistance and confirm that the commitments made will be monitored.	
Signature of BCTSA Athlete Administrator:	Date:

Return this completed form to the address below

Contact information for the BC Target Sports Association Assistance Program is
BCTSA Assistance Plan
C/O 2164 Ebert Rd – Unit A
Campbell River BC V9W 6A2