2005-06 Canadian College and University Nordic Championships

CCUNC Eligibility Authorization *To be authorized by the registrar and received by Competition Race Office by February 23, 2006 – 3:00pm.*

University / College: _____

Coach: _____ **Phone:** _____ **email:** _____

First name	Last name	Gender	Birth date	Course	Year of study	Enrolled in a minimum of 3 courses /semester –please check

Director of athletics/designate _____ **Signature** _____ Date: _____
print name

Registrar or designate _____ **Signature** _____ Date: _____
print name