

**Canadian College and University Nordic Championships
CCUNC ELIGIBILITY AUTHORIZATION**

*Competition year **2009***

*To be authorized by the college/university registrar and received by the
Competition Race Office by **Sunday, March 1, 2009**
Send to: Race Secretary, Highlands Nordic – see Race Notice for address or fax number*

University/College:

Coach:	Phone:	E-mail:
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Last Name	First Name	Gender	Birth date	College/University Course	Year of study	Enrolled in a minimum of 3 courses /semester –please check

Director of athletics or designate: Print name:	Signature:	Date:
Registrar or designate: Print name:	Signature:	date: