

Senior Component Registration

NAME: _____ NSP Patrol ID Number: _____

Address: _____ Work phone: _____

_____ Home phone: _____

_____ Fax: _____

_____ E-Mail: _____

Patrol: _____ Region: _____

This certifies that the above-named candidate has demonstrated all the basic ski patroller or auxiliary skills and has sufficient knowledge, skills, and experience to participate in the NSP Senior Program.

Patrol Representative (Signature) _____ Date _____

MODE:

Board: _____

Skis: _____

Senior when successful? YES ___ NO ___ **If yes, please complete below:**

Passed EMM: _____
(year)

ELECTIVES:		YEAR PASSED
COURSE		
1) _____		_____
2) _____		_____
3) _____		_____

Administrative Use Only:

Paid: Amt: _____ Ck #: _____ Cash

RESULT: Passed ski/board skills: Yes ___ No ___ Passed Toboggan: Yes ___ No ___

COMMENTS: