

Nordic Master Application

Please complete the application below. **If you have any questions about any items, contact the NSP, Eastern Division, Avalanche, Mountain Travel & Rescue or Nordic Advisor.** The completed application should be submitted to the Eastern Division Nordic Advisor: **Mr. Greg France, HC 1, Box 1A456, 101 Lantern Court, Lackawaxen, PA 18435.** (Please print or type)

Name: _____ NSP #: _____

Street: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

E mail: _____ Cell Phone: _____

Primary Patrol: _____ Region: _____

Secondary Patrol: _____ Region: _____

Pre-requisites completed:

Avalanche Level 2 _____ Date: _____ Instructor: _____

MTR Level 2 _____ Date: _____ Instructor: _____

Instructor Dev. _____ Date: _____ Instructor: _____

Nordic Senior _____ Date: _____ Location: _____

Briefly explain why you wish to complete the requirements of the Nordic Master level.

Signature

Date

Office Use
Only:

Date received: _____

By: _____

Acceptance by: _____

Date: _____