



## Eastern Division Senior Ski and Toboggan Clinic Evaluation Application

Region Sponsoring the Event: \_\_\_\_\_

Type of Event (Senior test or Clinic Evaluation): \_\_\_\_\_

Region S & T Advisor: \_\_\_\_\_

Person in Charge of Event: \_\_\_\_\_

Date (s) of Event: \_\_\_\_\_ Ski Area to be used: \_\_\_\_\_

Trails to be used: \_\_\_\_\_  
\_\_\_\_\_

S & T Evaluators at Event:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

***List additional Evaluators on the back of form***

Skiing Candidates Expected: \_\_\_\_\_ Snowboarders: \_\_\_\_\_ Telemarkers: \_\_\_\_\_

Signature of Regional S & T Advisor: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Division Staff assigned to Event:

1. \_\_\_\_\_ Telephone: \_\_\_\_\_
2. \_\_\_\_\_ Telephone: \_\_\_\_\_

Division S & T Proficiency Advisor: \_\_\_\_\_