



**EASTERN DIVISION
SKI AND TOBOGGAN TRAINER EVALUATOR CLINIC
APPLICATION**

Important: This application should be forwarded to the contact person conducting the clinic 30 days prior to the event

Location of Clinic Attending: _____

Candidate Name: _____ Registration Number: _____

Address: Street: _____

Town: _____ Zip Code: _____

Phone Number: _____ email address: _____

Home Ski Area: _____

Date Completed Instructor Development: _____

Date Completed Toboggan Instructor Training: _____

Equipment Type: Skis Telemark Skies Snowboard

New T/E Recertifying

Approvals:

*Region Ski and Toboggan Advisor _____ Date _____

*Signature certifies that this candidate has met all the prerequisites and is recommended to be a trainer/evaluator