

# 2007/2008 PSIA-RM-AASI EXAM & ACCREDITATION APPLICATION FORM

Mail / FAX completed form, with payment, to: PSIA-RM-AASI, Box 775143, Steamboat Springs, CO 80477 Phone: (970)879-8335 Fax: (970)879-6760

<http://www.psia-rm.org>

LAST NAME	FIRST NAME	MIDDLE INITIAL	WORK PHONE ( ) --	HOME PHONE ( ) --
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CELL PHONE ( ) --	MAILING ADDRESS	CITY	STATE	ZIP CODE
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*The above mailing address is for event confirmation only; permanent address changes are not generated from this form.*

E-MAIL ADDRESS	DATE OF BIRTH month / day / year	GENDER M F	CERT LEVEL	RM DIVISION #	OTHER DIVISION MEMBERSHIP <small>**Must ATTACH written permission from home division.</small>
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***PLEASE REMEMBER, INCOMPLETE OR INVALID FORMS WILL BE RETURNED VIA U.S. POSTAL SERVICE.***

- CHOOSE DISCIPLINE: ADAPTIVE  ALPINE  CHILDREN'S  NORDIC  SNOWBOARD

● NAME OF EXAM OR ACCREDITATION \_\_\_\_\_

● LOCATION \_\_\_\_\_ ● DATE(S) \_\_\_\_\_

WHERE/WHEN DID YOU TAKE YOUR EXAM PREREQUISITE CLINICS? Locations: \_\_\_\_\_ Dates: \_\_\_\_\_

WHERE/WHEN DID YOU TAKE YOUR QUALIFYING WRITTEN EXAM? Location: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby verify that I am a member of the following member school: \_\_\_\_\_  
Name of Member School

Printed Name of Supervisor \_\_\_\_\_

**CANCELLATION AND SWITCH POLICIES - ALL APPLICANTS MUST SIGN.**

*By my signature, I attest that I have read and understand the policies, as found in the curriculum guide, pertaining to application, registration, participation and cancellation for RM divisional exams.*

Date: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Signature of Parent/Legal Guardian Required for Participant Under the Age of 18 \_\_\_\_\_

I have made a \$35 clinic prepayment. Please apply it to this event.

Please send all communication regarding this event via e-mail.

**\* Valid payment MUST ACCOMPANY application. \***

Check/Money Order enclosed

Charge to my: Visa  MasterCard  (Credit authorization below must be completed.)

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder must be applicant or will not be accepted.

\$ _____ Total Paid
<small>*Refer to the curriculum guide for appropriate fee*</small>

Exp Date \_\_\_\_\_ Cardholder Name (please print) \_\_\_\_\_ Cardholder Signature \_\_\_\_\_