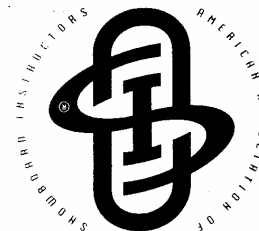




PSIA - Rocky Mountain Division- AASI
Rocky Mountain Ski Instructors
Educational Foundation



ATTENDANCE VERIFICATION NON-PSIA FUNCTION FOR CLINIC CREDIT

Completed form, along with \$40.00 registration fee, must be returned to the PSIA-RM office to receive up to 2 clinic credits. Application for credit will be reviewed by the Executive Director and Programs Director. If there are any problems you will be notified.

THIS IS TO VERIFY THAT _____
(NAME AND MEMBERSHIP NUMBER)

ATTENDED THE _____ CLINIC / PROGRAM
(NAME OF SPONSORING ORGANIZATION/EVENT)

ON _____ AT _____
(DATES) (LOCATION)

THE GROUP LEADERS / SPEAKERS WERE:

CURRICULUM CONTENT OF THE CLINIC / PROGRAM WAS:
(PLEASE ATTACH A CURRICULUM DESCRIPTION OR PROGRAM BROCHURE TO YOUR APPLICATION.)

SIGNED: _____
(CLINIC LEADER / DIRECTOR)