

# 2009/2010 PSIA-RM-AASI CLINIC APPLICATION FORM 2009/2010

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 <small>month / day / year</small>	GENDER M    F	CERT LEVEL	RM DIVISION #	OTHER DIVISION MEMBERSHIP <small>**Please provide verification.</small>
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Please send all communication regarding this event via e-mail.

NAME OF CLINIC	LOCATION	DATE(S)	DISCIPLINE	PRICE

**Clinic Fee Total\*** \_\_\_\_\_

\*Refer to the curriculum guide for appropriate fee\*

◆ NAME OF SKI/SNOWBOARD SCHOOL WHERE YOU ARE EMPLOYED: \_\_\_\_\_

**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

◆ Valid payment MUST ACCOMPANY application. ◆

Check/Money Order enclosed

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

Account # \_\_\_\_\_    Total Paid \_\_\_\_\_

Cardholder must be applicant or will not be accepted.

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

Cardholder Signature \_\_\_\_\_ 3-digit code from back of card

**My account has a \$35 clinic prepayment credit. Please apply it to this event.**

**Please add the following items:**

Core Concepts	___ x 24.95 = ___
Alpine Tech Manual-2nd Ed.	___ x 24.95 = ___
Alp 2004 Standards DVD	___ x 15.00 = ___
AASI Snwbrd Guide-2nd Ed.	___ x 24.95 = ___
AASI MA Handbook	___ x 14.75 = ___
AASI-RM Standards DVD	___ x 10.00 = ___
Children's Manual-2nd Ed.	___ x 24.95 = ___
Adaptive Manual	___ x 19.50 = ___
Nordic Technical Manual	___ x 19.50 = ___
Adaptive MA DVD	___ x 10.00 = ___
Fresh In Tele Gence DVD	___ x 24.95 = ___

**Shipping, handling and sales tax will be added to merchandise orders.**

**Merchandise Total \$** \_\_\_\_\_