

2009/2010 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.

CVV _____
3-digit code from back of card

\$ _____ Total Paid

Refer to the curriculum guide for appropriate fee

Exp Date _____ Cardholder Name (please print) _____ Cardholder Signature _____