



2009-2010 APPLICATION FOR SKI & RIDE INSTRUCTORS

Clinic Fee is one time Expense of \$45.00 Check# _____ Cash

Applicant name: _____ Today's date: ___ / ___ / ___

Address: _____ Phone#1 _____

City _____ State _____ ZIP _____ Phone#2 _____

Email Address _____

Personal Information

16 Years or Older? Yes No Age _____ Do you: Ski Snow Board Both

In case of an emergency please call: _____

Availability

Sat./Sun.	<input type="checkbox"/> 9:30am	<input type="checkbox"/> 2:00pm	December Holiday Week:
Tuesday:	<input type="checkbox"/> 4:30pm	<input type="checkbox"/> 7:00pm	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.
Wednesday:	<input type="checkbox"/> 4:30pm	<input type="checkbox"/> 7:00pm	February Holiday Week:
Thursday:	<input type="checkbox"/> 4:30pm	<input type="checkbox"/> 7:00pm	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.
Friday:	<input type="checkbox"/> 10:00am	<input type="checkbox"/> 12:30pm (Little Col.)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.
	<input type="checkbox"/> 5:00pm	<input type="checkbox"/> 7:00pm	

EMPLOYMENT/EXPERIENCE & REFERENCES

Please let us know any related jobs, experiences or education. • References are always appreciated.

EMPLOYER/REFERENCE	TYPE OF WORK/EXPERIENCE	DATES IF APPLICABLE
---------------------------	--------------------------------	----------------------------

1. _____ FROM _____ UNTIL _____

PHONE NUMBER _____

2. _____ FROM _____ UNTIL _____

PHONE NUMBER _____

3. _____ FROM _____ UNTIL _____

PHONE NUMBER _____

**ALL REFERENCES WILL BE CHECKED*