



**2011-2012
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: _____
Name Phone # Relation

Availability

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