



2014-2015
**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
 Tuesday: 4:30pm 7:00pm
 Wednesday: 4:30pm 7:00pm
 Thursday: 4:30pm 7:00pm
 Friday: 10:00am 12:30pm (Little Col.) 5:00pm 7:00pm

December Holiday Week:
 Mon. Tues. Wed. Thur. Fri. Sat. Sun.

February Holiday Week:
 Mon. Tues. Wed. Thur. Fri. Sat. Sun.

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**

