NSP Education Program SENIOR CANDIDATE APPLICATION

(Submit to Patrol Representative and Region Senior Coordinator)

Date of Senior Candidate Application____

PATROLLER INFORMATION	
Name	NSP ID #
Address	Daytime Phone
CityState Zip	Evening/Weekend Phone
Email Address:	
Patrol	Years of Patrolling Experience
Senior Candidate (Signature)	Date
Senior Alpine Senior Nordic Senior Auxiliary	
DIVISION APPLICATION INFORMATION (To be filled out by candidate) Include senior course(s) that have been taken and course(s) you intend to take to meet senior status.	
Course Date Loc	ation Instructor
This certifies that the above-named candidate has demonstrated all the basic ski patroller or auxiliary skills and has sufficient knowledge, skills, and experience to participate in the national Senior Program.	
Date Patrol Representative (Signature)	
or Region Senior Coordinator	