NATIONAL SKI PATROL
EDUCATION PROGRAM

SENIOR CANDIDATE APPLICATION

Date of Senior Candidate Application_____

PATROLLER INFORMATION	
Name	NSP ID #
Address	Patrol
City, State, Zip	Years of Patrolling Experience
Daytime Phone	Evening/Weekend Phone

Senior Candidate Signature_____
Date_____

☐ Senior Alpine ☐ Senior Nordic ☐ Senior Auxiliary

DIVISION APPLICATION INFORMATION

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 training program

Patrol Representative Signature_____
Date_____