

**NSP Education Program
SENIOR CANDIDATE APPLICATION**

Date of Senior Candidate Application _____

PERSONAL INFORMATION

Name:	NSP #:
Address:	Daytime Phone:
	Evening Phone:
	Email:
Patrol:	Years of Patrolling Experience:

Senior Candidate (Signature) _____ Date _____

- Senior Alpine
 Senior Nordic
 Senior Auxiliary
 Snowboard
 Skiing & Toboggan Handling
 Emergency Management

SENIOR ELECTIVE INFORMATION

Elective	Completion Date

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.

Patrol Director (Signature) _____ Date _____