



Instructor Registration Form 2017

Last Name: _____ First Name: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Availability: (Please check all that interest you)

Saturday Morning – Kinder-ski	
Saturday Morning – Junior Ski	
Saturday Morning – Junior Snow Board	
Friday Evening – Adult/Teen Ski / Board	
Private Lessons – Fri Evening	
Private Lessons – Sat Afternoon	
Private Lessons –Sun Afternoon	

Please Indicate Any Certification(s) Held:

Level Attained

	N/A	1	2	3	4
Canadian Ski Instructors Alliance – CSIA					
Canadian Ski Coaches Federation – CSCF					
Cdn. Assoc. of Snowboard Instructors - CASI					

YES I AM INTERESTED IN OBTAINING A CERTIFICATION OR OBTAINING A HIGHER LEVEL

Previous Experience: _____

Please indicate any other skills you may have ie: Language skills (bilingual), First Aid etc.
