

PSPA AFFILIATE EXAM REGISTRATION FORM

(Please type or print legibly)

Note: You must use Acrobat Reader 8 or later to save your data in this form.

Name: _____ Mountain Affiliation: _____

Address: _____ Phone Number: _____

E-mail: _____ Zip Code: _____

Date and location of the last exam that you attended:

I need to retake the following components:

Day 1: _____ Skiing _____ Toboggan

Day 2: _____ First Aid Practical _____ First Aid Written _____ Interview

Note: The actual order of events may be dependent on the weather conditions at the exam. Candidates should plan to attend both days even if they only need components from one day.

Enclose payment of exam fees; \$25 for each exam day. Fees are payable to "Professional Ski Patrol Association." A \$10 late fee is due when the application is not post marked at least two weeks before the date of the exam.

Mail to:

Marc Abend, Secretary
13 Carriage House Path
Ashland, MA 01721