



INSTRUCTOR TRAINING COURSE REGISTRATION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ AGE _____

EMAIL ADDRESS _____

SKIER OR SNOWBOARDER ?
(Please Circle)

The course will be held on:
Dec. 2nd & 3rd and Dec. 9th & 10th

Briefly outline your skiing/riding experience and any prior ski/snowboard teaching you may have done. _____

Are you interested in a position in the Catamount Snow Sports School?

___No___ Yes(if yes please check space(s) below)

Full Time _____ Part Time _____ Nights _____

How did you hear about our course? _____

PLEASE RETURN REGISTRATION FORM AND COURSE FEE OF
\$100.00 TO CATAMOUNT, P.O. BOX 639, HILLSDALE, NY 12529
FAX: 518-325-3155 OR EMAIL: info@catamountski.com

BY NOVEMBER 30, 2017