



## INSTRUCTOR TRAINING COURSE REGISTRATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ AGE(16+) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SKIER OR SNOWBOARDER ?

(Please Circle)

The course will be held on:  
**Dec. 1<sup>st</sup> & 2<sup>nd</sup> and Dec. 8<sup>th</sup> & 9<sup>th</sup>**

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: [jharvey@catamountski.com](mailto:jharvey@catamountski.com)

**BY NOVEMBER 30, 2018**