NSP Education Program
SENIOR CANDIDATE APPLICATION

(Submit to Patrol Representative and Region Senior Coordinator)

Date of Senior Candidate Application_____

PATROLLER INFORMATION

Name	NSP ID #
Address_____ City _____State_____ Zip_____ Email Address:	Daytime Phone Evening/Weekend Phone
Patrol	Years of Patrolling Experience

Senior Candidate (Signature)_____ Date_____

☐ Senior Alpine ☐ Senior Nordic ☐ Senior Auxiliary

DIVISION APPLICATION INFORMATION ***(To be filled out by candidate)***

Include senior course(s) that have been taken and course(s) you intend to take to meet senior status.

Course	Date	Location	Instructor

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.

Date_____ Patrol Representative (Signature)_____

or

Region Senior Coordinator_____