



**PSIA-E/AASI
2010-2011
Event Application**



OFFICE USE ONLY

Date Rec'd _____	Event\$ _____
App Num _____	Other _____
Event Num _____	Total\$ _____

Please print and fill out all sections. One event per form. Application with payment must be received by event deadline. Applications not received by event deadline are subject to a \$25 non-refundable late processing fee.

Mail or fax to: PSIA-E or AASI, 1-A Lincoln Ave, Albany, NY 12205 Fax# (518) 452-6099
Call (518) 452-6095 for information only. No applications accepted via phone.

Member No: _____ **Primary Discipline/Level:** _____ / _____ **Date of Birth:** _____
If a non member, check box.

Division: Eastern Alaska Central Intermountain Northern Intermountain
Circle one Western Northwest Rocky Mountain Northern Rocky Mountain

NAME: _____ **Male / Female**
Circle one

ADDRESS: _____
Street/Box
Check box if a change
City State Zip

HOME PHONE: (____) _____ **WORK PHONE:** (____) _____ **CELL PHONE:** (____) _____

EVENT #: _____ **E-mail address:** _____

EVENT: _____
Event Name Event Location Event Date

Alpine / Adaptive
Nordic / Snowboard
Race / Children's
Circle one

AMOUNT: \$ _____ **PAYING BY:** CHECK #: _____ **OR** charge:
 MasterCard **or** Visa

OFFICE USE ONLY

Date Proc _____
Auth # _____
Initials _____

_____ - _____ - _____
Exp. Date: _____ **Signed** _____

Please note: Current members wishing to change region must notify the office in writing; change is not generated from this form.

All applicants must sign the following Release Form:

Recognizing that snowsports can be hazardous, I hereby release PSIA-E, PSIA-E/EF, AASI, the host area, and agents and employees of each from liability for any and all injuries of whatever nature arising during, or in connection with the conduction of the event for which this application is made.

Signature _____ **Date** _____

If applying for any certification level, your Ski/Snowboard School Director must complete the following:

As Director, I attest to the following: This applicant is a member of my staff. If a candidate for any level of certification, the candidate has received exam training and preparation. If a candidate for Level I, the applicant has completed the PSIA/AASI minimum entry level requirements, including a minimum of 50 hours of teaching/training.

Director's Signature _____ **Name of School** _____

ADMINISTRATIVE CHARGES FOR NO-SHOWS, CANCELLATIONS AND RETURNED CHECKS

TRANSFERS: Up to one week prior to original event\$10.00
During the week prior to original event (notice no later than 4:30 PM on last business day before event).....40 % of fee
NOTE: Transfers to another event must be before the three week deadline of that event.

NO-SHOWS: Regardless of reason75% of fee

CANCELLATIONS: Up to one week prior to event.....\$20.00
During the week prior to event (notice given no later than 4:30 PM on the last business day before event)...50 % of fee

RETURNED CHECKS/DECLINED CHARGES: Checks returned for insufficient funds will not be redeposited.

Registrant's application will be voided unless such checks or charges are replaced by certified check, money order or cash prior to the event. For returned checks, this must include a processing charge of \$25.00.