



PSIA-E/AASI – 1-Day Clinic
ROSTER OF PARTICIPANTS (one roster per group)
PLEASE FAX TO CANDACE CHARLES AT (518) 452-6099
 This form is due to the PSIA-E office at the conclusion of all clinics. Thank you.



1-Day Clinic Topic (circle one): SPARK-Kids Clinic AASI-“Droppin-In” Clinic Coaching in Freestyle Venues Clinic
 Managing Mainstreamed Students Clinic OTHER TOPIC: _____

School Name/Location of event: _____ Group (circle one): AM-1/2 Day PM-1/2 Day 1-Day/Full Day

Days/Dates: _____ Name of assigned staff person: _____

	For SPARK Clinics only:	Member Number	Discipline and Certification Level	Non-Member	Discipline	Email Address
Participant Names:	Are you over 17 years of age?	(if applicable and available)		(Please check if you are not a PSIA-E/AASI member)		(If you are not a PSIA-E/AASI member, please provide us your email address. Thank you)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Staff Trainer/Understudy:						
1.						