



PSIA-E/AASI – 1-Day Clinic
ROSTER OF PARTICIPANTS (one roster per group)
PLEASE FAX TO EILEEN CARR 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

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: _____

	Member Number	Discipline and Certification Level	Non- Member	Discipline	Email Address
Participant Names:	(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.					