

ANTHONY LAKES SKI PATROL

APPLICATION

Name: _____ Date: _____

Address: _____ Email: _____

_____ Phone: _____

Medical Certification: _____

Why do you want to be an Anthony Lakes Ski Patroller? _____

Skiing/Boarding background: _____

First aid/Medical background: _____

Do you know any current Anthony Lakes Ski Patrollers (if so, please list names): _____

The Anthony Lakes Ski Patrol and Anthony Lakes Mountain Resort does not discriminate on the basis of race, religion, nationality, gender or any other non-merit factor. Ski Patrol candidates will be evaluated fairly by fully qualified members of the Anthony Lakes Ski Patrol and Anthony Lakes Mountain Resort managers.

Please return form to:

Aric Johnson
Anthony Lakes Ski Patrol Director
alspdirector@gmail.com