**SKI**

# REQUEST FOR CADS Certification

|  |  |
| --- | --- |
| **Today’s date** |  |
| Contact INFORMATION |
| ***Name of Division***  |  |
| **Location (Name of ski area)****& PROVINCE** | **Does this Ski Area require a Certificate of Insurance (COI)?** |
|  |  |
| **Dates** | **Start Time** | **End Time** | **Meeting Location** |
|  |  |  |  |
| **Language** **(French, English or Bilingual)** |  |
| **Contact Person Name** | **Contact Email** | **Contact Ph Number** |
|  |  |  |
| **Course Conductor** **(If different than contact person)** | **Other Course Conductor names** **(If any)** |
|  |  |

|  |
| --- |
| PREP OR EVALUATION INFORMATION(Please place an X in the appropriate box or boxes) |
| **Type of certification** | **Participant Clinic or Prep** |  | **Level 1 – VI** **Module** | N/A | **Level 2 – VI** **Module** | N/A |
| **Level 1 – Complete** | N/A | **Level 1 – Sit ski Module** | N/A | **Level 2 – Sit ski Module** | N/A |
| **Level 2 – Complete** | N/A | **Level 1 – ASD/CI Module** |  | **Level 2 – ASD/CI Module** | N/A |
| **Level 3****Complete** | N/A | **Level 1 – 3 & 4 Track Module** | N/A | **Level 2 – 3 & 4 Track Module** | N/A |
|  |  | **Crossover Level 1****SB to Ski** | N/A | **Crossover Level 2****SB to Ski** | N/A |
| **Retest for which evaluation or module?** |
| **Other type of training? Please describe:** |
| **Fees** | **CADS National** **Admin Fee:** | **$ 50.00** for a complete **or****$20.00** for a single module **\*\*Please advise CADS National if the Division will be paying the fees Prior to the course registration.\*\*** |
| **CADS Division** **Admin fee:** | $  |
| **CADS Program** **Admin fee:** | $  |
| **Total registration cost to Participant:** | $  |
| **Any special notes /****Other important information** |  |

Please send this form to the CADS national office

<**amy@cads.ski** > ***AND*** To your **Provincial Division**

British Columbia requests must also go to < info@bcadaptive.com >