**SKI**

# REQUEST FOR CADS Certification

**\*\* PLEASE COMPLETE ALL OF THE FIELDS**

|  |  |
| --- | --- |
| **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’s Email** | **Contact’s Number** |
|  |  |  |
| **Course Conductor** **(If different than contact person)** | **Other Course Conductor names** **(If any)** |
|  |  |

**CONFIRMATION Email Details:**

|  |
| --- |
| 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** |  | **Level 2 – VI** **Module** |  |
| **Level 1 – Complete** |  | **Level 1 – Sit ski Module** |  | **Level 2 – Sit ski Module** |  |
| **Level 2 – Complete** |  | **Level 1 – ASD/CI Module** |  | **Level 2 – ASD/CI Module** |  |
| **Level 3****Complete** |  | **Level 1 – 3 & 4 Track Module** |  | **Level 2 – 3 & 4 Track Module** |  |
|  |  | **Crossover Level 1****SB to Ski** |  | **Crossover Level 2****SB to Ski** |  |
|  |  |  | **Chauffeur Module** |  |  |  |
| **Retest for which evaluation or module?** |
| **Other type of training? Please describe:** |
| **Fees****\*\*Please verify fees with CADS National****amy@cads.ski** | **CADS National** **Fee:** | $ |
| **CADS Division** **fee:** | $  |
| **CADS Program** **fee:** | $  |
|  | **Course Admin Fee:** | $ |
| **Total registration cost to Participant:** | $  |
| **Total cost to Club:** | $ |
| **Any special notes /****Other important information** |  |

Please send this form to the CADS national office

<**amy@cads.ski** >