**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**](mailto:amy@cads.ski?subject=CADS%20Course%20Request%20Form) >