

**CMC Boulder Group**  
**NSP Level 1 Avalanche Clinic**  
**\$130**



Date\_\_\_\_\_

Name\_\_\_\_\_CMC Group & #\_\_\_\_\_

Email\_\_\_\_\_

Mailing Address\_\_\_\_\_

Telephone      Home\_\_\_\_\_      Work\_\_\_\_\_

Will you be a CMC member in good standing through December 2013?      Yes      No

Will you be renting skis, boots or other equipment for this clinic?      Yes      No

Will you be needing a beacon for this clinic?      Yes      No

Are you taking this as a requirement for another CMC course?      Yes      No

If Yes, which one : \_\_\_\_\_

**To Send Application:** Please complete this application and email it to [bmswinter@cmcboulder.org](mailto:bmswinter@cmcboulder.org). If you application is accepted, you will be instructed how to sign up and make payment on-line.

For questions about this program, contact Cindy Gagnon, 303-938-8564, [bmswinter@cmcboulder.org](mailto:bmswinter@cmcboulder.org)