

# ROCKY MOUNTAIN SKI RACE OFFICIALS, INC.

## Clinic Registration Form

**To be filled out and turned into Clinic Instructor.**

Please print legibly, or type

NAME: _____	USSA #: _____
MAILING ADDRESS: _____	
CITY & STATE: _____	ZIP CODE: _____
PHONE NUMBER FOR ROSTER: _____	
E-MAIL ADDRESS: _____	
YEAR OF BIRTH: _____	SKI CLUB OR AREA AFFILIATION: _____
ARE YOU: A ski coach: ____ Parent of racer(s): ____ Area employee: ____ Other: ____	
<b>What is the most recent year in which you were a RMSRO member?</b> _____	

**Check the clinic you will be attending.**

*The Competition Official (CO) clinic is required before you take any other clinic. You only need to take the CO clinic once.*

- |  |  |
|--|--|
| <input type="checkbox"/> Competition Official (CO)<br><input type="checkbox"/> Chief of Race (CR)<br><input type="checkbox"/> Race Administrator (RA)<br><input type="checkbox"/> Timing & Calculations (TC) | <input type="checkbox"/> Chief of Course (CC)<br><input type="checkbox"/> Data Management (DM)<br><input type="checkbox"/> Referee / Jury Advisor (RF) /(JA) (Same Clinic)<br><input type="checkbox"/> Annual Continuing Education |
|--|--|

**Clinic Location** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment is due at clinic registration**

	<b><u>\$'s Paid</u></b>
<b>CLINIC FEE:</b> Clinics put on by Clubs are \$10.00 payable to RMSRO- Your clinic fee includes the annual RMSRO membership. <b>Additional Club fees may be assessed by the host club.</b>	_____
<b>RMSRO annual dues are now paid with your USSA &amp; RMD Alpine Officials Membership</b> If you do not join USSA or attend a clinic the fee is \$5.00 payable to RMSRO	_____
<b>Other</b>	_____
<b>Total Paid</b>	_____

**Questions ??? Contact:**

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