

**CMC Boulder Group**  
**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 2011?	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)