

**200/2010 CMC Boulder Group  
Level 1 Avalanche Clinic**



Date \_\_\_\_\_

Name \_\_\_\_\_ CMC Group & # \_\_\_\_\_

Email \_\_\_\_\_

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

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

Check number \_\_\_\_\_ Amount \_\_\_\_\_

Will you be a CMC member in good standing through January 2010?	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 mail it with your check or money order for \$125 (payable to: **BMS**) to the **CMC/Avalanche Clinic, Table Mesa Shopping Center, 633 South Broadway, Unit N, Boulder, CO 80305**

For questions about this program, contact Cindy Gagnon, 303-938-8564, [gagnonc2@comcast.net](mailto:gagnonc2@comcast.net)