

**CMC Boulder Group Avalanche Clinic  
Level 2**



Date \_\_\_\_\_

Name \_\_\_\_\_ CMC Group/# \_\_\_\_\_

Email \_\_\_\_\_

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

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

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

Will you be a CMC member in good standing through March 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

**Prerequisite:** Students must have completed a NSP Avalanche Level I (Basic) Course or comparable education . Please provide a copy of this documentation with your application

Did you complete Avy Level 1 Yes No

Certified Organization : & Date: \_\_\_\_\_

**To Send Application:** Please complete this application and mail it with your check or money order for \$200 (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)