

Ice Climbing Clinic Application
Boulder Mountaineering School, CMC Boulder Group



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

Year BMS Complete _____

Senior Instructor _____

BMS Equivalent experience

(The purpose of this questionnaire is to try and group students with similar experience and background together in order to maximize the benefit from this class. **Don't worry** if you have no prior experience with crampons or ice climbing, this is just to assess your level.)

1. Have you had previous **formal** instruction regarding the use of crampons? Yes No

If yes, please BRIEFLY describe:

2. Have you had **any** previous experience in the use of crampons? Yes No

If yes, please BRIEFLY describe:

OVER-→

3. Have you had previous **formal** instruction in vertical waterfall ice climbing techniques? Yes No

If yes, please BRIEFLY describe:

4. Have you had **any** previous experience with vertical waterfall ice climbing? Yes No

If yes, please BRIEFLY describe:

5. Do you have any experience leading rock? Yes No

If yes, please BRIEFLY describe:

6. Please detail any further experience you feel is pertinent to this course:

7. Please circle the dates that you are available (though the field trip will only be on one of these days for best options availability on both days would be best.).

Saturday (1/16/2010)

Sunday (1/17/2010)

To Send Application: Please complete this application and mail it with your check or money order for \$40.00 made payable to **BMS** to the **CMC/Ice Clinic, Table Mesa Shopping Center, 633 South Broadway, Unit N, Boulder, CO 80305.**

Questions concerning the school should be addressed to Kent Crites at ice@cmcboulder.org