

Instructor Development Course
Information

Patroller Registration

Western New York Region
National Ski Patrol

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

Patrol _____

Your NSP Registration Number _____

Patrol Leaders Name _____

Please tell us of any teaching experience you may have had.

What is your purpose in taking this course?

Please return to :

Ellen Conrad E-mail: Inconrad@roadrunner.com
364 Wilson Road, Angola NY 14006
Phone 716-743-6761