

CERTIFICATION OF TRAINING AND EXPERIENCE

All leaders and alternate leaders for winter activities in Baxter State Park except day use below tree line must complete this form. The information on this form will help determine the approval or disapproval of your application. Please type or print clearly.

Winter Activity

- (1) camping (2) alpine skiing (3) technical climbing

Party Status

- (1) leader (2) alternate leader (3) members

Training

Outline in detail the training you have received in the winter activity(s) checked above. Begin with the most recent and work back to the initial training. Include names and addresses of references.

Experience

Outline in detail your experience in the winter activity(s) checked above. Begin with the most recent and continue in reverse order by year. Include names and addresses of references.

I, _____, certify that the information included herein is true and correct. I further agree to abide by all of the requirements set forth in the Rules and Regulations and administrative procedures governing winter use in Baxter State Park.

Signature

Address

Typed or Printed Name