



# PSIA/AASI - NRM

## KB kids event form



406-581-6139

director@psia-nrm.org

www.psia-nrm.org

Snowsport School \_\_\_\_\_ Clinician \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Participant's name	PSIA/AASI member #	Signed Liab Release Y/N	Paid \$40 event fee Y/N
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