



## Prequalification Ski or Boarding Competency Certificate

..... / ..... / .....  
(Date)

I, ..... certify that I have observed  
(insert Patroller's Name)

..... skiing / boarding\* and believe that his / her\*  
(insert Candidate's Name)

skiing / boarding\* ability is of sufficient standard to complete the Ski Patrol Clinic and Assessment  
(being at Ski School Level 6 or above).

.....  
(Signed)

.....  
(Patroller ID)

\* strike out whichever is not applicable

Send this completed certificate to: The Secretary, Perisher Ski Patrol, P.O. Box 4702, Sydney NSW 2001  
with your Clinic and Assessment Booking Request.