



# CASCADE SKI SCHOOL, INC.

P.O. Box 6973 • Tacoma, WA 98406 • 253-564-1245  
email: info@cascadeskischool.com • www.cascadeskischool.com

Fall 2011

Thank you for your interest in joining Cascade Ski School's pre-season instructor clinic.

Cascade Ski School, Inc. has been operating in the Pacific Northwest since 1962. We currently maintain a staff of over 50 part-time instructors during the peak season and provide lessons for nearly 500 students. The clinic is sanctioned by the Professional Ski Instructors of America Northwest and is supervised by the ski school directors, Troy Larsson and Paul Larson, and training directors, Pat McDonald, Bob Murata and Pat Bettin.

### Information Meeting

An information meeting will be on Tuesday evening, November 15th at 7:00 pm. We will meet at Round Table Pizza in Federal Way (address is 34410 16<sup>th</sup> Ave. S.).

The following days have been scheduled for the clinic:

- Dec. 3 Sat.            9:30 am, Summit West at Snoqualmie - Intro - Phase I
- Dec. 4 Sun            9:30 am, Summit West at Snoqualmie - Review Phase I/Phase II/Improve Skills
- Dec. 10 Sat           9:30 am, Summit West at Snoqualmie - Review/Class Handling
- Dec. 11 Sun           9:30 am, Summit West at Snoqualmie - Exam/Improve Skills

The cost for the four day clinic is \$30. In the past years, we have selected a good number of candidates for placement on our instructor and cadet staff at Summit West. It is our intent to conduct a constructive clinic that will benefit your technical knowledge and skiing/boarding skills. This will be the best lesson you've ever had. We look forward to meeting with you on Tuesday night.

Directors: Paul Larson and Troy Larsson

Mail form & payment to:  
CASCADE SKI SCHOOL, INC  
PO BOX 6973  
TACOMA, WA. 98406

Please feel free to contact us with any questions. info@cascadeskischool.com or 253 564-1245

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### CLINIC REGISTRATION FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

POSITION APPLYING FOR:            SKIING: \_\_\_\_            SNOWBOARDING: \_\_\_\_            (check one)

SKILLS/EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Enclose Check for \$30.00 Clinic Fee*