

**WISCONSIN REGIONAL SKI FOR LIGHT
GUIDE APPLICATION**

Please type or print clearly
Copy & mail or email

EVENT preference:

CAT SKI Clinic ___
Regional SFL ___ Both ___

Personal Information

Name: _____
Address: _____
Phone: _____ Email: _____

Are you a medical professional, or certified I First Aid or CPR? Yes ___ No ___

Person to contact in case of Emergency

Name: _____
Address: _____
Phone: _____ Cell/work _____
Relationship: _____

Transportation

Transportation by bus, to and from the event is available from Madison only. We will leave Madison late Friday afternoon and return mid afternoon on Sunday.
Need transportation Yes ___ No ___

Skiing Information

Have you Guided at a previous SFL event? Yes ___ No ___
Briefly describe any other cross-country skiing experience that you have. _____

To match you with a visually impaired skier, please provide your level of skiing Ability: (sorry, beginners can not be accepted as guides)
Intermediate ___ Advanced Intermediate ___ Advanced ___ Instructor ___

Our first priority in pairing guides and participants is to meet the needs of the participants. When possible, however, we will attempt to honor your request as to the type of participant with whom you would like to be matched, as indicated below:

Female___ Male___ Either___
Beginner___ Experienced___ Either___

Do you need a guide manual? Yes ___ No ___

Room & Board

Housing at Lion's Camp is dormitory style with bedding provided. However we Recommend tht Guides and Participants bring sleeping bags for additional comfort. We encourage all attending SFL to stay at the facility in order to take advantage of all the activities. If you plan on staying elsewhere or are commuting we would ask that you supply the following.

Address: _____ Phone: _____

Meals are served buffet/family style.

Vegetarian diet is available (includes eggs, dairy & fish) Yes ____

Since we strive to have an equal number of Guides and Participants, we cannot accept Participants until we know the number of Guides available. Please mail or email your application as soon as possible so that we can give Participants fair warning of the acceptance. Thank you.

Signature : _____ **Date:** _____

Return Application to: Mike Graper, 5867 Butternut Rd. Arpin, WI 54410
Phone: 715-569-4910 Cell: 713- 213-3212
Email: grapes@tznet.com

Thank you for volunteering for Wisconsin Ski for Light.