



Instructor Candidate Application (all levels)

FULL NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

DATE OF BIRTH (MMM/DD/YYYY) e.g. Jan 15 1945

PHONE:

EMAIL:

Boating courses taken:

Boating Resume (use additional sheet if necessary)

Certificate copies attached:

Cheque attached:

VHF First Aid PCOC

(application fee is \$150 – waived if you are ISPA member)

Send application & fee to: ISPA instructor coordinator, 143 Tuscany Ravine Heights NW, Calgary, AB T3L 0C2

Instructor candidate signature:

Date:

Instructor clinic level applying for:

_____ clinic dates (if known) _____

Are you affiliated with any sailing school?

I am aware of the prerequisites for the clinic I am applying for (see www.ispassociation.ca)

(I am aware that the IE conducting the course will not accept any candidates who do not meet the prerequisites)