

**New England Regional Ski For Light  
GUIDE APPLICATION**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone(S): \_\_\_\_\_

SEX: (M/F)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Height: ft. in. Weight:

Job or profession:

**PERSON TO CONTACT IN CASE OF AN EMERGENCY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone(S): \_\_\_\_\_

Relationship:

## SKIING INFORMATION

(Complete this section only if you are attending a skiing event)

1. Do you need cross country skis at the event? (Yes/No):
2. If you need ski boots, what shoe size do you wear?

Briefly describe your cross-country skiing experience (NERSFL events and others):

What is your level of cross country skiing ability? (sorry, beginners not accepted as guides)

Intermediate:      Advanced:  
Instructor (Y/N):      Certified Instructor (Y/N):  
Where and when certified:

Please rate your proficiency level for each for each of the cross country skills listed on the reverse side. Rate yourself from a low of 1 (inconsistent and wobbly) to a high of 4 (able to consistently maintain balance and control while performing the skills).

Diagonal stride:  
Moving step turns:  
Straight down hill running:  
Double poling:  
Snowplow:  
Snowplow turn:  
Straight uphill climbing:  
Herringbone:

## **HIKING INFORMATION**

(Complete this section only if you are attending a hiking event)

Briefly describe your hiking experience (NERSFL events and others):

What is your level of hiking ability? (sorry, beginners not accepted as guides)

Intermediate:      Advanced:

## **KAYAKING/CANOEING INFORMATION**

(Complete this section only if you are attending a kayaking/canoeing event)

Briefly describe your kayaking/canoeing experience (NERSFL events and others):

What is your level of kayaking/canoeing ability? (sorry, beginners not accepted as guides)

Intermediate:      Advanced:

## **OTHER INFORMATION**

Our first priority in pairing guides and participants is to meet the needs of 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 (Y/N):    Male (Y/N):    Either (Y/N):

Beginner (Y/N): Experienced (Y/N): Either (Y/N):  
Recreator (Y/N): Competitor (Y/N): Either (Y/N):

Are you a medical professional or certified in First Aid or CPR? Yes/No:

If "YES" please describe below, including the type and expiration date of your certification:

### HOUSING

1. Do you plan to stay somewhere other than the hotel? (Yes/No):  
If "YES" please list local address and phone number--  
Address: \_\_\_\_\_  
  
Phone \_\_\_\_\_
2. All rooms are non-smoking. However, if you prefer in any case to room with a non-smoker, indicate that here \_\_\_\_, and if you plan to smoke (outside only) during the event please indicate that here \_\_\_\_ so that we can accommodate everyone's preferences.
3. Please indicate which of the following options you prefer--
  - Standard diet (includes red meat or poultry) (Y/N):
  - Vegetarian diet (includes eggs, dairy products and fish), if available (Y/N):

Since we strive to have an equal number of guides and participants, participants cannot be accepted until the number of guide applications has reached a reasonable level. Please mail your application as soon as possible.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_