

PSC BLUE SPRINGS RESORT

INSTRUCTOR ROSTER

Phone # _____

SHOP NAME: _____

INSTRUCTOR'S NAME: _____

INSURED D.M.'s or A.I's assisting with class: _____

(PLEASE PRINT EACH STUDENTS NAME CLEARLY)

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Please Circle What Applies To Your Class

My students entry fees will be paid for by Student Shop Student

My students air fills will be paid for by Shop Student

Any equipment rentals will be paid for by _____.

The title of my class is: SEARCH & RECOVERY O/W AOW RESCUE

OTHER:

INSTRUCTOR'S SIGNATURE: _____

Instructors: Please keep students above rope lines to maintain visibility!