

Mermet Springs

INSTRUCTOR ROSTER

Shop Name: _____ Phone # _____

Date of Visit: _____

Instructor's Name: _____

Insured D.M. or A.I. 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. _____

My students entry fees will be paid for by: Shop ☐ / Student ☐

My students air fills will be paid for by: Shop ☐ / Student ☐

Any equipment rentals will be paid for by: Shop ☐ / Student ☐

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

OTHER: _____

Instructor's Signature: _____

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