BASI – Hours Log Sheet

***Member Name :** _____

***Licence No :** **(Full Members only)** _____

***Qualification :** _____

***Discipline :** **(please tick)**

Alpine ☐ **Snowboard** ☐ **Telemark** ☐

Nordic ☐ **Adaptive** ☐

***Snowsport School & Venue:** _____

***Season :** _____

***** *Mandatory fields must be completed. Incorrectly completed forms may delay your qualification*

*Dates Completed (dd/mm/yy)	*Number of Hours	*Approved By
*Total Hours		

I confirm this record of Snowsport School Experience hours is accurate and correct.

***Snowsport School Representative Signature:** _____

Print Name: _____ **Position:** _____ **Date:** _____

Please send completed log sheet to 17 The Square, Grantown on Spey, PH26 3HG, E: basi@basi.org.uk F: 01479 873657