UNITED STATES SKI ASSOCIATION
INVERTED AERIAL QUALIFICATION

NAME: _____
LAST FIRST MI

ADDRESS: _____
STREET

_____
CITY STATE ZIP

HOME PHONE: WORK PHONE: _____

SEX: DATE OF BIRTH: USSA ID Number _____

JUMP: QUALIFIER: DATE:

TAKE OFF	EXECUTION	LANDING	CONTROL	TOTAL
			TOTAL:	

_____
QUALIFIER'S SIGNATURE

JUMP: QUALIFIER: DATE:

TAKE OFF	EXECUTION	LANDING	CONTROL	TOTAL
			TOTAL:	

_____
QUALIFIER'S SIGNATURE