



MACEDONIAN ASSOCIATION OF INTERNATIONAL MOUNTAIN LEADERS 078/ 277 585,



MOUNTAIN ACADEMY MAVROVO

web: www.maiml.mk e - mail: uvpmakedonija@yahoo.com

APPLICATION FORM FOR MOUNTAIN LEADER TRAINING

1. Full Name:
2. Date and Place of Birth:
3. Permanent Address:
4. Mobile Phone:
5. Email:
6. Knowledge of Foreign Languages (specify):
7. Do you have prior mountaineering experience? (Yes/No):
8. Since when have you been involved in mountaineering? (Year):
9. Number of summer mountain tours completed:
10. Number of ascents over 2000 meters in summer conditions:
11. Number of ascents over 2000 meters in winter conditions:

12. Are you a member of a mountaineering/alpine club? (Yes/No):
If yes, since when?
Declaration
I hereby declare:
- That I am voluntarily applying to participate in the Mountain Leader training process.
- That I am aware of the risks involved in the Mountain Leader training.
- That I feel mentally and physically capable of engaging in mountain sports activities and performing the duties of a Mountain Leader.
- That I have not been convicted of any violent crime.
- That all the information provided in this application is true.
- That I allow the collection, recording, use, and public disclosure of the above- mentioned information for the needs of the Macedonian Association of International Mountain Leaders.
Candidate's Signature:
Place and Date: