

**LEVEL 2 CLINIC ROUTESETTER APPLICATION**

This application form must be used to apply for a position at any Level 2 Clinic.

You must have **Level 1 Certification and a CURRENT Routesetter Membership** to apply for a **Level 2 Clinic**

For Level 2 Clinic positions, please complete the application and send to the Routesetting Program Manager, Mike Bockino, mike@usaclimbing.org

# Personal Information

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Number (found in Sport80 account) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region\_\_\_\_\_\_\_\_\_\_

Home Gym (if you don’t set at a gym please write N/A) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for this clinic before? If yes, how many times:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Routesetting Experience**

Please list ALL the local, regional, divisional, national and other events you have worked. Include the name of the chief Routesetter if it wasn’t you, and the type of event.

Ex.: Youth Lead/TR Regional 2018 Chief Routesetter Manuel Hassler

**Why do you want to attend the Level 2 clinic?**

Please give a short explanation

**Competition Routesetting References**

Please list two or more references with whom you have experience competition routesetting, include name and contact information

**Professional References**

Please list two or more other professional references include name and contact information

**May We Contact Your References?**