



NATIONAL SKI PATROL
 133 South Van Gordon, Suite 100
 Lakewood, CO 80228-1706

Date _____

Please refer to Chapter 10 of the current version of NSP Policies and Procedures for award guidelines before completing this form.

**NOMINATION
 PATROLLER'S CROSS**

1. Nominee's Name _____ NSP ID No. _____
 2. Mailing Address _____
 3. Registered with _____ Patrol _____ Region _____ Division _____

45 DAYS ARE REQUIRED BY THE NATIONAL OFFICE FOR PROCESSING AND MAILING OF AWARDS FROM DATE RECEIVED IN THE NATIONAL OFFICE

APPROVALS

Print

Sign

Sponsor		Date Signed	
NSP Patrol Representative		Date Signed	
Region Awards Advisor		Date Signed	
Division Awards Advisor		Date Signed	
Division Director/Designee		Date Signed	

INSTRUCTIONS

This form is used for the nomination of a patroller for a Patroller's Cross. It should be typewritten and include the date the form was prepared. Font size should not be smaller than 9 point.

The Patroller's Cross may be awarded to a patroller who is seriously injured in one of the following categories:

- During scheduled on-the-hill duty and/or training.
- While performing search and rescue activities under the direction of a recognized authority.
- When performing avalanche control work under the direction of area management.
- When performing lift evacuation under the direction of area management.

The definition of a serious injury is an injury requiring physician care over a long period of time, surgery, extended rehabilitation and/or lost work time. It is further described as an injury that prevented the patroller from returning to their normal patrolling duties for the balance of the ski season.

Section 1-3

Sections are to be filled out accurately. Do not use nicknames

Letter of Recommendation

A letter of recommendation signed by the NSP patrol representative or higher officer must accompany this request. Describe the nature of the injury sustained and the nominee's inability to perform their normal patrolling duties.

4. Letter supporting nomination is attached: YES

To whom award should be sent: (To be completed by Division)

Name _____
 Address _____
 City, State, Zip _____
 Date Needed _____

Copies: 1 Patrol--1 Section (if required)--1 Region
 2 Division (original to be sent by Division to National Office)