

Appalachian Mountain Club Connecticut Chapter
Mountaineering Trip Leader Application Form

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Personal Information

Name _____

Street Address _____

City, State, Zip _____

E-Mail Address _____

AMC Membership number _____

Phone (Cell or Home) _____ Phone (Work) _____

Qualifications

To qualify as a Mountaineering Trip Leader, any combination of two of the following items is required.

1. Co-led AMC Mountaineering Trip on this date: _____

with leader: _____

2. Attended AMC Mountaineering Training on this date: _____

with AMC Mountaineering leader (or Professional Instructional Organization):

3. Attended AMC Leadership Training Workshop on this date: _____

with instructor _____

4. Have experience as a Mountaineering Trip Leader with the following organization:

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Climbing Experience

Do you lead climb Rock? Yes _____ No _____ If Yes, at what grade? _____

If No, at what Grade can you currently follow or top rope on rock? _____

Number of years of Rock Climbing experience: _____

Do you lead climb Ice? Yes _____ No _____ If Yes, at what grade? _____

If No, at what Grade can you currently follow or top rope on ice? _____

Number of years of Ice Climbing experience: _____

Please list five climbing experiences within the past two years.

Include: Date, Routes, Location, and Partners. If you climb both rock and ice, give at least two examples of each.

1. _____

2. _____

3. _____

4. _____

5. _____

Signature: _____ Date _____