

Intermediate Climb Leader Application

Name: _____ Date: _____ Signature: _____
Email: _____ (Typed name or initials will be regarded as a valid signature)

Tacoma Leadership Seminar Leader: _____ Date: _____

AIARE Level 1 Avalanche Course Leader: _____ Date: _____

Pass Intermediate Written Exam Date: _____

Intermediate Field Trips

Qualifier Exam Date: _____ Rock 2 Date: _____

Leader: _____ Leader: _____

Qualifier Conditioner Date: _____ Self-help Date: _____

Leader: _____ Leader: _____

Winter Overnight Date: _____ Ice 1 Date: _____

Leader: _____ Leader: _____

Rock 1 Date: _____ Ice 2 Date: _____

Leader: _____ Leader: _____

Basic Field Trips (Instruction)

Field Trip Prep Date: _____ FT 5: Rock 2 Date: _____

Leader: _____ Leader: _____

FT 1: Fundamentals Date: _____ Crevasse Prep Date: _____

Leader: _____ Leader: _____

FT 2: Winter Camp Date: _____ FT 6: Crev. Rescue Date: _____

Leader: _____ Leader: _____

FT 3: Belay Test Date: _____ FT 7: Hard Snow Date: _____

Leader: _____ Leader: _____

FT 4: Rock 1 Date: _____

Leader: _____

Intermediate Climb

	Peak	Date	Leader
R or G/I or M	_____	_____	_____

Climbs Abbreviations

R: Rock

G/I: Glacier / Ice

M: Mountaineering

Note: Climb lead status contingent upon Intermediate Committee & Climbing Chair approval. Applicants must demonstrate good leadership skills and judgement.