PASS IT ON APPLICATION

COLORADO SADDLEMAKERS ASSOCIATION, Inc.

STUDENT NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zip

PHONE: _____ EMAIL: _____

INSTRUCTOR'S NAME: _____

ADDRESS: _____
Street City State Zip

PHONE: _____ EMAIL: _____

SUBJECT FOR STUDY: _____

DATE OF STUDY: _____ PLACE OF STUDY: _____

DURATION OF STUDY: _____

AMOUNT TO BE PAID TO INSTRUCTOR BY CSMA: $_____

AMOUNT (IF ANY) PAID TO STUDENT $_____

APPROVED BY PIO COMMITTEE: _____ Date_____

PAYMENT MADE BY CSMA TREASURER: _____ Date_____

STUDY COMPLETED: STUDENT: _____ Date_____

INSTRUCTOR: _____ Date_____

SEMINAR PRESENTATION------ DATE COMPLETED: _____

CSMA OFFICER _____

STUDENT QUESTIONS:

1. Have you read the PIO Information and do you understand the program and your responsibilities? _____

2. How long have you been a CSMA member? _____

3. When was (were) the last CSMA Seminar(s) attended? _____

4. How long have you been doing leather work? Describe your leather work activities, 4-H, craft guilds etc. _____

_____

_____

_____

5. Why did you choose this instructor? _____

_____

_____.

6. Why do you want to study this subject?_____

_____

_____

STUDENT SIGNATURE _____DATE: _____

MAIL APPLICASTION TO: DICK SHERER, SHERER CUSTOM SADDLES, INC.
11626 MUSTANG ROAD, FRANKTOWN, CO. 80116