

Single Pitch Award Scheme Registration Form

**YOU MUST REGISTER WITH BOS BEFORE COMMENCING SINGLE TRAINING.
BEFORE YOU CAN REGISTER YOU MUST COMPLETE THE FOLLOWING REQUIREMENTS.**

REGISTRATION REQUIREMENTS

1. Have led at least fifteen different recognised routes of Difficult standard or above.
2. Your **15 leads (on the reverse of this form)** must be signed off by an experienced climber or a holder of a rockclimbing award (SPA / RCL3 or higher).

3. Be a paid-up **Member of the MCI** (individual member or member of a club affiliated to the MCI). *See Part 2 of this form if not already a member.*

On registration, candidates will be issued with a Log Book and may commence training. Please contact BOS for a list of course providers currently approved to run Single Pitch Award Training.

REGISTRATION FORM FOR SINGLE PITCH AWARD SCHEME

PART 1: (To be completed by) **SPA / RCL Holder or Higher** or **EXPERIENCED CLIMBER.**

Name of Candidate _____

This candidate has produced satisfactory evidence of having led at least fifteen different recognised routes of Difficult standard or above.

Signed _____

Date ____ / ____ / 20 ____

MCI OFFICE USE ONLY

ENCLOSURES CHECKLIST *(Please indicate what you are enclosing).*

SPA Registration Form
MCI Membership Subscription (€30)
SPA Registration Fee (€35)
Total amount enclosed: € _____

Cheques should be made payable to the MCI.

PART 2: **Application for Registration for Single Pitch Scheme** (To be filled in by the **APPLICANT**)

Name _____

Address _____

Telephone _____ (daytime) _____ (mobile)

Email: _____

Date of Birth ____ / ____ / 19 ____ (Note: min. age for SPA reg. is 18)

Are you currently a member of the MCI? Yes No

If Yes, MCI Membership No. _____
(Check back of MCI Membership Card for your Membership Number)

If No, please include (discounted) MCI Membership Subscription of €30 when returning this Application, along with €35 SPA Registration Fee – Total €65.

Are you currently registered with BOS for any training Scheme Yes No

If yes, **BOS Registration Number** _____

Are you involved in a mountaineering club/ youth club / organisation Yes No

If yes, please provide group name(s) _____

Reasons for undergoing SPA Training

Signature _____ Date ____ / ____ / ____

Please return completed Form with Appropriate Fee(s) to:

Mountaineering Council of Ireland
SportHQ, 13 Joyce Way, Park West Business Park, Dublin 12.
Tel: 01-625 1115 Email: mci@eircom.net

Single Pitch Award Scheme

Routes

List of fifteen different **Leads** you have completed on recognised routes graded **Difficult** standard or above.

Name _____			
Route	Area	Grade	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
Referee's Name (BLOCK CAPITALS) _____		Signed _____	
Award (RCL3 /SPA or or Higher or details of experience) _____			

**YOU CANNOT ATTEND AN SPA TRAINING COURSE WITHOUT HAVING THIS NECESSARY LEVEL OF EXPERIENCE,
AND WITHOUT BEING REGISTERED WITH BOS.**