



USHPA MENTOR NOMINATION FORM

United States Hang Gliding and Paragliding Association, Inc. • PO Box 1330, Colorado Springs, CO, 80901-1330, 719-632-8300,
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Use this form to nominate qualified individuals as USHPA Mentors

General Information

Name of Nominee _____ USHPA # _____ Region _____
Address _____ City _____ State _____ ZIP _____
Phone _____ E-Mail Address _____

Nomination Information

This nominee should be considered to be appointed as a USHPA Mentor for the following reasons:

Considering matching of mentor to mentee, this nominee possesses the following areas of expertise (examples: specific site knowledge, XC, speed gliding, etc.):

All appointments must be approved by USHPA Officials as outlined in SOP 12-5 and are subject to qualification for that appointment.

This is to certify that I, _____ do nominate the above named individual for the appointment as a USHPA Mentor. I attest that the above named individual fully qualifies for the appointment to which he/she is being appointed and that these statements are true.

Printed Name _____ USHPA # _____
Signed _____ Date _____