

CONNECTICUT REGION – NATIONAL SKI PATROL SYSTEM, INC.
PROGRAM REPORT

WOMEN'S PROGRAM

AS OF April 1, 2025

Please complete and email
to
skip.mudge.nsp@gmail.com
by April 1, 2025

PROGRAM ADVISOR: CALLY REGAN	
CONTACT INFORMATION:	EMAIL ADDRESS: cally@rpknight.com
	MOBILE PHONE: 860-919-0541

ASSISTANT ADVISOR:	NAME: N/A	CONTACT:
ASSISTANT ADVISOR:	NAME: N/A	CONTACT:

MISSION STATEMENT

NSP: TO HELP KEEP PEOPLE SAFE ON THE MOUNTAIN AND DURING OTHER OUTDOOR ACTIVITIES.

PROGRAM MISSION STATEMENT: To promote the success of women in the region by providing a learning environment conducive to advancing skills in a fun manner.

EXECUTIVE SUMMARY: 2024-25 SEASON

This season, women in the CT region were emailed regarding when and where Women's Enhancement clinics were being held out of region. Information for the region was provided via email regarding the women's Facebook page as well as applications for the Eastern Division Women's Scholarship. There were multiple women's program clinics held throughout the division that all CT women patrollers that were interested were encouraged to attend. We were \$80.00 under budget for the season.

PROGRAM GOALS: 2024-25 SEASON

Please list your program's SMART goals for next season. (Specific, Measurable, Attainable, Relevant and Time bound)

- 1. Continue to develop potential successors.*
- 2. Relay information to the CT Region patrollers about events and patroller schools.*
- 3. Encourage more applicants for the Eastern Division Women's Program scholarship.*
- 4. To develop an information card to hand out at refreshers to promote the program.*

ACTIVITIES / PARTICIPATION

Activity	# Instructors/ Other	# Participants

PROGRAM GOALS: 2025-26 SEASON

Please list your program's SMART goals for next season. (Specific, Measurable, Attainable, Relevant and Time bound)

1. *Continue to develop potential successors.*
2. *Relay information to the CT Region patrollers about events and patroller schools.*
3. *To identify program assistants.*
4. *If an event is held in region, to distribute pins purchased from the women's program budget.*

RECRUITMENT/MARKETING

I would like to continue to identify women in the region that are interested in a program and also what areas of patrolling they may be interested in developing through the women's program.

SUCCESSION PLANNING

I am working to develop individuals in our region as instructors so that when the time comes, one can step into my place. I have identified Melanie Bowers as a potential person to take over my position. She has voiced interest in becoming an instructor so she can help empower women which is in line with our mission. I believe she would be a good resource for the program.

PROGRAM BUDGET

1. BUDGET PERFORMANCE (2024-25 SEASON)

Please provide the \$ amount of your approved budget for the prior fiscal year. Please note if this budget included any unusual and/or one-time expenditures. For travel expenses, please specify trips/nights/people/rates, etc., as appropriate. You may show trip details at the end of the document if you wish.

	APPROVED SEASON BUDGET	SPENT TO DATE	ANTICIPATED REMAINING TO SPEND	VARIANCE (OVER/ UNDER)
Mileage				
Meals				
Lodging (# trips/rooms/nights/rates)				
Printing				
Postage				
Equipment				
Supplies				
Textbooks/Instructional Aids				
Awards specific to program (e.g., Instr. Service Awards)				
Other (unusual or one time, explain in "Prog. Goals")	80.00	0.00		(80.00)
Revenue (Expense Offset)				
Total	80.00	\$0.00		(80.00)
Notes: WE WERE UNDER BUDGET BY \$80.00.				

2. BUDGET REQUEST (2025-26 SEASON)

<i>Please provide a brief comment on any increase or decrease, such as unusual or one-time expenditures. Explain basis for travel expense request.</i>	REQUESTED	APPROVED
Mileage: (use Mileage Reimbursement Worksheet on following page to calculate expense) ¹		
Meals		
Lodging (# trips/rooms/nights/rates)		
Printing		
Postage		
Equipment		
Supplies		
Textbooks/Instructional Aids		
Awards specific to program (e.g., Instructor Service Awards)		
Other (Pins/Favors)	\$80	
Revenue (Expense Offset)		
Total	\$80	
Notes: If an event in region is held, pins for participation in the program will be distributed.		

¹ If multiple trips, list mileage separately, either in Notes section (above) or as separate lines in Budget Request form.

3. Mileage Reimbursement Worksheet

Trip from/to	Miles Round Trip	Miles over 100	# trips	Total miles	Amount to be reimbursed
<i>Example: Hartford → Bromley (Sr. OET Clinic)</i>	<i>252</i>	<i>152</i>	<i>2</i>	<i>304</i>	<i>\$106.40</i>
Total the far-right column and enter this amount in "2. Budget Request" (prior page) →					