

2019-2020 REGISTRATION FORM

ONE FORM PER PARTICIPANT

Name:		Date of Birth:
Current address:		
City:	State:	ZIP Code:
Emergency Contact Number:		Contact Name:
Email Address:		

SENIOR WORKSHOP PROGRAM

8:30-10am	1/6, 1/13, 1/27, 2/3, 2/10, 2/24, 3/2, 3/9	SKIER / SNOWBOARDER	Years of Experience:
SKIING/SNOWBOARDING ABILITY: Please Mark			
BEGINNER First time	NOVICE can stop and turn on Success	PROFICIENT comfortable Green runs	INTERMEDIATE comfortable Blue runs
ADVANCED comfortable on all slopes, Working toward off-piste			

Goals:

PAYMENT/FEES*

PROGRAM NAME	Price	Total
Sr. Workshop	\$160	\$

FOR OFFICE USE ONLY

Guarantor:		Amount:	
PAYMENT TYPE/CC :		CCV:	EXP: Zip:
DATE:	FORM/PAYMENT TAKEN BY:		

***Programs are non-transferable and there will be no refunds or make up dates for missed lessons**

This program meets 8 times throughout the season. The goal of this program is to improve skiing/riding in all conditions and terrain throughout the season.