

20-21 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	1/4, 1/11, 1/25, 2/1, 2/8, 2/22, 3/1 & 3/8	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	\$175	\$

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.