

2021 REGISTRATION FORM

ONE FORM PER PARTICIPANT

Name:

Date of birth:

Age:

Current address:

City:

State:

ZIP Code:

Parent's Cell (Mom)

Parent's Cell (Dad)

Parents Names:

Email Address:

SUNDAY PROGRAM PARTICIPANT INFORMATION

Time (2hrs):

Ages :

SKIER / SNOWBOARDER

Years of Experience:

5 Dates:

SKIING/SNOWBOARDING ABILITY: Please Circle

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
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Can your child ride chair lift alone? YES NO Chair 4 ONLY

Describe your child's stopping: WEDGE HOCKEY STOP (parallel) OTHER:

Describe your child's turning: WEDGE COMBO Wedge/Parallel linked/ PARALLEL OTHER:

PAYMENT/FEES*

PROGRAM NAME	Price	Total
BYOG	\$225	\$
		\$

FOR OFFICE USE ONLY

Guarantor:

Amount:

PAYMENT TYPE/CC :

CCV:

EXP:

Zip:

DATE:

FORM/PAYMENT TAKEN BY:

Price is for lessons ONLY, does not include rentals and lift access

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