

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:

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

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*

<u>PROGRAM NAME</u>	<u>Price</u>	<u>Total</u>
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**