

# 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

<b>8:30-10am</b>	1/4, 1/11, 1/25, 2/1, 2/8, 2/22, 3/1 & 3/8	<b>SKIER / SNOWBOARDER</b>	Years of Experience:
------------------	--	----------------------------	----------------------

### SKIING/SNOWBOARDING ABILITY: Please Mark

<b>BEGINNER</b> First time	<b>NOVICE</b> can stop and turn on Success	<b>PROFICIENT</b> comfortable Green runs	<b>INTERMEDIATE</b> comfortable Blue runs	<b>ADVANCED</b> comfortable on all slopes, Working toward off-piste
-------------------------------	--	---	--	---

Goals:
--------

## PAYMENT/FEES\*

PROGRAM NAME	Price	Total
Sr. Workshop	\$179	\$

## FOR OFFICE USE ONLY

Guarantor:		Amount:	
PAYMENT TYPE/CC :		CCV:	EXP: Zip:
DATE:	FORM/PAYMENT TAKEN BY:		
Demo Ski:	Date Used:		

**\*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.**