

# 22-23 REGISTRATION FORM

ONE FORM PER PARTICIPANT

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

## SUNDAY WORKSHOP PROGRAM

**8:30-10am**    1/22, 1/29, 2/5, 2/12, 2/26 & 3/5    **SKIER / SNOWBOARDER**    Years of Experience:

**SKIING/SNOWBOARDING ABILITY:      Please Mark**

		<b>PROFICIENT</b> comfortable Green runs, working on Blues	<b>INTERMEDIATE</b> comfortable Blue runs	<b>ADVANCED</b> comfortable on all slopes, Working toward off-piste
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Goals:

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## PAYMENT/FEES\*

<u>PROGRAM NAME</u>	<u>Price</u>	<u>Total</u>
Sunday Program	\$390	\$

## FOR OFFICE USE ONLY

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

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

**Space is limited: Registration will close 12/16 or once program is full! (based on which happens first)**

**This program meets 6 times throughout the season. The goal of this program is to improve skiing/riding in all conditions and terrain throughout the season.**