

**AFTER SCHOOL LEARN-TO-SKI OR SNOWBOARD PROGRAM  
REGISTRATION**

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

DO YOU NEED TO RENT EQUIPMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

**SKIING CLASS - BEGINS Thursday, January 21st**

ABILITY LEVEL - PLEASE CIRCLE ONE

BEGINNER    INTERMEDIATE    ADVANCED

**SNOWBOARDING CLASS - BEGINS Thursday January 21st**

ABILITY LEVEL - PLEASE CIRCLE ONE

BEGINNER    INTERMEDIATE    ADVANCED