



REGISTRATION FORM

Select Program (check box)

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | SKI • LEARN TO FLY Saturday Program | \$745 in SEPTEMBER (\$845 from 10/1) |
| <input type="checkbox"/> | SKI • LEARN TO FLY Sunday Program | \$745 in SEPTEMBER (\$845 from 10/1) |
| <input type="checkbox"/> | SNOWBOARD • LEARN TO FLY (Saturday Only) | \$745 in SEPTEMBER (\$845 from 10/1) |
| <input type="checkbox"/> | SKI • WEEKEND COMPETITION TEAM | \$1,395 in SEPTEMBER (\$1,695 from 10/1) |
| <input type="checkbox"/> | SKI • FULL TIME COMPETITION TEAM | \$1,975 in SEPTEMBER (\$2,275 from 10/1) |
| <input type="checkbox"/> | SKI • MASTERS TRAINING | \$975 (Flat Rate) |

Athlete Information

Name: _____

Age: _____

Date of Birth: / /

Street Address: _____

City: _____

State: _____

Zip: _____

Parent Home Phone: () _____

Parent Cell Phone: () _____

Parent E-mail: _____

Payment Information

Credit Card #: _____

Exp. Date: / /

Signature: _____

Date: / /

Check Enclosed:

Check #: _____

Please make checks payable to MT. ROSE—SKI TAHOE

FAX# : (775) 849-9080

PHONE #: (775) 849-0704 ext. 215

MAILING ADDRESS: Mt. Rose—Ski Tahoe
Attn: TEAM FALCONS
22222 Mt. Rose Hwy
Reno, NV 89511