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09/10 Race Program Registration Form

Please print clearly and please use a separate form for each participant.
 Valid signature on responsibility code/liability release form also required.

Program prices do not include equipment or lift tickets. We encourage program participants to purchase a season pass.

Participant's Name: _____ Birth Date: _____
 Parent/Guardian's Name (if participant is under 18): _____ Phone: _____

Please List Your Program Choice:

Additional Options:
 Race team uniform (payment will be collected separately, please inquire with Coach Mark for details)

Program Fee(s): _____
 Total Due: _____

ADDRESS: Street _____ City: _____ State: _____ Zip: _____
 DAYTIME PHONE: _____ LOCAL/CELL: _____
 EMAIL ADDRESS _____
 PAYMENT METHOD: ___ Cash ___ Check (check # ___) MC/VI/DS/AX (circle on one)
 CARD NUMBER: _____ EXP. DATE: _____
 VCOD: _____
*3 digit number on back of card by signature line-required if card is not present to swiped-thanks for your cooperation
 SIGNATURE: _____ DATE: _____