



2009 - 2010 Program Pricing

<u>Program(s)</u>	<u>Format(s)</u>	<u>Group(s)</u>	<u>Cost(s)</u>
Development Program	All Mountain Skiing		\$1020/participant
	All Mountain Snowboarding		\$940 each additional sibling
	Freestyle Skiing		
Competition Programs	Alpine Racing	J1 (Ages 17 – 18)	\$1100
		JII (Ages 15 – 16)	\$1100
		JIII (Ages 13 – 14)	\$1100
		JIV (Ages 11 – 12)	\$1100
		JV (Ages 8 – 10)	\$1100
		each additional sibling	\$1050
	Freestyle Skiing	"A" Group (Ages 15 – 18)	\$1100
		"B" Group (Ages 8 – 14)	\$1100
		Friday Add on (all ages)	\$700
		each additional sibling	\$1050
	Snowboarding	"Senior" Group (Ages 15 – 18)	\$1100
		"Junior" Group (Ages 8 – 14)	\$1100
		each additional sibling	\$1050

*All rates increase by \$100 after October 12th. Payment must be received prior to deadline in order to receive early rate.

Participant's Parent or Legal Guardian Name(s) and Address(es)

Names: _____ Name: _____
 Permanent Address: _____ Permanent Address: _____

 Phone: _____ Phone: _____
 Email: _____ Email: _____
 Local Address (if applicable): _____
 Local Phone (if applicable): _____ Cell Phone for Emergency Contact: _____

Payment Information

Please complete payment information below.

Please mail, fax or email all forms and payment to the information below. Please make checks payable to: Mount Snow, Ltd.

Mount Snow – Training Center
Attn: Mike Murphy
39 Mount Snow Rd.
West Dover, VT 05356
Phone: 802-464-4165
Fax: 802-464-4183
Email: mmurphy@mountsnow.com

2009/2010 Seasonal Program Enrollment Payment Form

Total Amount Due: _____ Date Paid: _____
 Paid by: CC Check CC: V MC AMEX DISC
 Card #: _____ Exp. Date: _____
 Name on Card: _____

Development Program *(Determine age as of December 1, 2009)*
Children Ages 6-18

1st Participants Name: _____

Amount: \$ _____

Date of Birth: ____/____/____ Age: ____ All Mountain Skiing All Mountain Snowboarding Freestyle

2nd Participants Name: _____

Amount: \$ _____

Date of Birth ____/____/____ Age: ____ All Mountain Skiing All Mountain Snowboarding Freestyle

Parent/Legal Guardian signature *(if participant is under 18 years of age)*

Date

Competition Programs

1st Participant's Name: _____

Amount: \$ _____

Date of Birth: ____/____/____ Age: ____ Alpine Snowboard Freestyle

*Circle one determined by age
(Determine age as of January 1, 2010)*

JI (ages 17-18) Senior (ages 15-18) A's (ages 15-18)
JII (ages 15-16) Junior (ages 8-14) B's (ages 8-14)
JIII (ages 13-14) Friday Add On (all ages)
JIV (ages 11-12)
JV (ages 8-10)

2nd Participant's Name: _____

Amount: \$ _____

Date of Birth: ____/____/____ Age: ____ Alpine Snowboard Freestyle

*Circle one determined by age
(Determine age as of January 1, 2010)*

JI (ages 17-18) Senior (ages 15-18) A's (ages 15-18)
JII (ages 15-16) Junior (ages 8-14) B's (ages 8-14)
JIII (ages 13-14) Friday Add On (all ages)
JIV (ages 11-12)
JV (ages 8-10)

Parent/Legal Guardian signature *(if participant is under 18 years of age)*

Date