



2008 - 2009 Childcare Season Pass Pricing

<u>Program(s)</u>	<u>Format(s)</u>	<u>Cost(s)</u>
Childcare	Full Day Childcare Ages 6 weeks to 6 years	\$1800.00 beginning

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
Ski & Snowboard School Reservations
39 Mount Snow Rd.
West Dover, VT 05356

Phone: 802-464-1100 ext. 4033
Toll Free: 1-800-889-4411
Fax: 802-464-4185

Email: childcare@mountsnow.com

2008/2009 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: _____	

Childcare; Ages 6 weeks to 6 years

1st Participant's Name: _____

Amount: \$ _____

Date of Birth: ____/____/____ Age: ____

2nd Participant's Name: _____

Amount: \$ _____

Date of Birth: ____/____/____ Age: ____

Parent/Legal Guardian signature

Date

Start Time: 8:30am Midweek; 8:00am Weekend & Holiday
Pick Up Time: 4:30pm