ADULT PROGRAM REGISTRATION

PLEASE PRINT.

PARTICIPANT: FIRST _____ LAST _____

DATE OF BIRTH: MM/DD/YY _____

ADDRESS: STREET _____ APT# _____

CITY _____ POSTAL CODE _____ EMAIL: _____

TELEPHONE: HOME _____ COTTAGE/HOTEL _____ CELL _____

PARTICIPANT'S ABILITY (CIRCLE ONE) NEVER/EVER BEGINNER NOVICE INTERMEDIATE ADVANCED

8 Week Adult Friday Evening Program January 8 – February 26

6 P.M. – 8 P.M.

(**CIRCLE ONE**) SKI SNOWBOARD

Participant requires lift ticket during our lesson: Y N

Participant requires rental equipment Y N

8 Week Ladies Thursday Programs Thursday January 7 – February 25

10 A.M. – 12 P.M. Lunch served from 12-1

(**CIRCLE ONE**) SKI SNOWBOARD

Participant requires lift ticket Y N

Participant requires rental equipment: Y N

I have a Tot (3-5 yrs.) participating: Y N
Child requires $26 season pass : Y N
Child requires rental equipment Y N

Childs Name _____ Date of Birth _____

PAYMENT: VISA MASTERCARD

CARD #: _____ EXPIRY: _____

SIGNATURE: _____ CARD HOLDER NAME: _____

Fax completed form to Hidden Valley Ski Area 705-789-7140
or email to snowschool@skihiddenvalley.on.ca P 705-789-1773