

MT. DUFOUR SKI AREA INC.
 SNOW SCHOOL GROUP LESSONS JANUARY 22nd & 23rd 2011
AGES: SKIING - 4 AND UP / SNOWBOARDING - 6 AND UP

Name of participant _____ male / female (circle one)
 Date of birth _____ Age _____ years
 Contact phone numbers of parent / guardian Home _____ Cell _____

Current ability (circle ski or snowboard / Check ability level)

- | | |
|--|--|
| <p><u>Ski</u></p> <p><input type="checkbox"/> Never skied before</p> <p><input type="checkbox"/> Beginner
 Number of previous ski days _____</p> <p><input type="checkbox"/> Intermediate
 Able to snow plow / stop on demand
 Able to ski in control</p> <p><input type="checkbox"/> Advanced
 Progressed to parallel skiing</p> | <p><u>Snowboard</u></p> <p><input type="checkbox"/> Never snowboarded before</p> <p><input type="checkbox"/> Beginner
 Number of previous snowboarding days _____</p> <p><input type="checkbox"/> Intermediate
 Able to heel edge and toe edge and stop on demand
 Able to make unlinked beginner turns</p> <p><input type="checkbox"/> Advanced
 Able to make linked turns and Able to carve</p> |
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Rental Equipment Required Yes / No (circle one)

Ski Lift Experience None

- Has used a Poma Lift (lift like our Bunny / Beginner Hill)
 Has used a Chair Lift

Previous Lesson Experience none group lessons private lessons

<u>Fees</u> Members with own equipment	\$ 80.00
Members with rental equipment	\$ 100.00 (includes free helmet rental)
Non-Members with own equipment	\$ 100.00
Non-Members with rental equipment	\$ 120.00 (includes free helmet rental)

*****HELMETS ARE MANDATORY FOR ALL INVOLVED IN LESSONS**

*****PARENTS WITH CHILDREN IN LESSONS GET \$10.00 OFF IF THEY TAKE LESSONS TOO!**

Times —Saturday Lessons 10:00 am to 12:00 noon and 1:00 pm to 3:00 pm. FREE SKI till 4:00pm
 —Sunday Lessons 10:00 am to 12:00 noon Race at 1:00 pm. FREE SKI till 4:00pm

I, _____ do not hold responsible, Mt. Dufour Ski Area Inc. Snow School, their Instructors, or any other employees of Mt Dufour Ski Area Inc. for any injuries or damages incurred during these lessons.

Signature of Parent or guardian

(print legibly please)	(Sign)	(Date)
PLEASE DROP FORM OFF AT SARICH'S SOURCE FOR SPORTS OR MT DUFOUR TICKET BOOTH		

OFFICE USE ONLY

Total amt _____ Owing Paid by Cash Debit Cheque
 Credit Card (type) Visa Mastercard