

PARK CITY SKI AND SNOWBOARD SCHOOL
ADULT SPECIALTY PROGRAMS

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____
(for confirmation)

Please register me for the following Adult Specialty Program: (check appropriate lines)

Women's Snowboard Camp

January 27-29 \$315 ___ without lifts \$495 ___ with lifts

3-Day Ski Academy

January 6-8 \$315 ___ without lifts \$495 ___ with lifts

January 27-29 \$315 ___ without lifts \$495 ___ with lifts

Payment method (check appropriate lines): Check: _____ Credit Card: _____

I wish to charge:

VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER _____

CARD # _____ EXP DATE _____

Name as it appears on the card _____

SIGNATURE _____

Deadline is two weeks prior to each session or when limited space is full.

Make checks payable and mail enrollment to:

PCMR – Ski & Snowboard School

P.O. BOX 39

PARK CITY UT 84060

Fax#: (435) 658-5531

Phone reservations: 800-227-2754