

PARK CITY SKI AND SNOWBOARD SCHOOL
2009 SKI COLLEGE

NAME _____ BIRTHDATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

Please register me for the following College: (check appropriate lines)

Thanksgiving Recovery

November 30 - Dec 4 \$415 ___ without lifts \$490 ___ with lifts

Early Month Get away:

December 7 - 11 \$415 ___ without lifts \$490 ___ with lifts

Pre-Christmas Escape:

December 14 - 18 \$415 ___ without lifts \$490 ___ with lifts

Request Group College: Instructors Name _____

November 30 - Dec 4 ___ \$2990.00 without lifts (minimum 4 /maximum 10)

December 7 - 11 ___ \$2990.00 without lifts (minimum 4 / maximum 10)

December 14 - 18 ___ \$2990.00 without lifts (minimum 4 / maximum 10)

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