

PARK CITY SKI AND SNOWBOARD SCHOOL
2008 SKI COLLEGE

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

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

Early Month Get away

December 1-5 \$415___ without lifts \$490___ with lifts

Mid Month Get away:

December 8-12 \$415___ without lifts \$490___ with lifts

Pre-Christmas Escape:

December 15-19 \$415___ without lifts \$490___ with lifts

Request College: Instructors Name _____

December 1-5 _____ \$2990.00 without lifts (minimum 4 / maximum 10)

December 8-12 _____ \$2990.00 without lifts (minimum 4 / maximum 10)

December 15-19 _____ \$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) 647-5374

Phone reservations: 800-222-7275