

BOMBER'S PRE-SEASON SKI CLINIC

NAME _____ # _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ WORK/CELL _____

E-MAIL _____

ROOMMATE _____ SKI CLUB _____

PREFER LODGING NEAR _____

_____ MAIN PACKAGE -LODGING THURSDAY, FRIDAY & SATURDAY NIGHT
LIFTS & LESSONS FRIDAY, SATURDAY &
SUNDAY

WELCOME PARTY THURSDAY NIGHT

_____ OPTION - CLINIC RACE- ADDITIONAL \$5.00 ENTRY FEE

LESSONS

___ RACING

___ BRONZE

___ SILVER

___ GOLD

___ SKI

___ NEVER EVER

___ NOVICE

___ INTERMEDIATE (LOWER)

___ INTERMEDIATE (UPPER)

___ ADVANCED

___ SNOWBOARD

___ NEVER EVER

___ NOVICE

___ INTERMEDIATE

___ ADVANCED

___ OTHER _____

Do You Like _____ Speed _____ Moguls

Are there class mates you would like to ski-ride with? (we will try to accommodate, if possible)

**\$50 NON-REFUNDABLE DEPOSIT WITH SIGN UP
BALANCE DUE BY NOVEMBER 10**

TO: RONDA ANDERSON
130 CHARLTON ROAD
BALLSTON SPA, NY 12020-3410

PHONE: 518-885-0971

DEPOSIT _____ DATE _____

PAID IN FULL _____ DATE _____