

Snow School 2014-2015 Registration

| Address: | Postal Code: | |
|---|--|--|
| Phone Day: Phone | Evening: | |
| Parent/Guardian: | | |
| E-Mail : | | |
| Ability: | | |
| N N = First Time - No experience on skis or snowboard, 1 1 = Limited experience on lifts, skier / snowboarder c 2 2 = Little or no assistance required on lifts. Able to li 3 3 = Ski / Snowboard regularly. Able to ski / snowboar | an turn in both directions and stop. ink turns with confidence on intermed | |
| Program In | formation | |
| Program Name: Las | t Progression Level Obtained: | |
| Program Day: SATURDAY SUNDAY BOTH (E | Explorers Only) | |
| Program Lift Ticket and Rental Packages: (See Ticket & Ren*Program prices do not include lift tickets | ntal Options) | |
| Lift 8 day child Lift 8 day student | Lift 8 day adult Rental 8 da | ıy |
| Liability Release Waiver: Please read carefully | | |
| Ski Crabbe Mountain Limited will not be held responsible for ar the facilities of Crabbe Mountain. "I accept all responsibility for the ski facilities of Crabbe Mountain. I also agree to abide by from time to time. I understand by signing this agreement I an | or injury or damage which may occur the rules and regulations of Crabbe i n waiving certain legal rights which I | or result from using Mountain established |
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For further information email:

snowschool@crabbemountain.com

^{*}All cancellations subject to a \$20 administration fee