

C R A B B E M O U N T A I N

Seasonal Program Registration 2016-2017

Participants Name: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Parents/Guardians: _____ Medicare Number: _____ Exp. _____

Allergy or Medical Condition (Specify): _____

*E-Mail (Required, Please print clearly): _____

PROGRAM INFORMATION

Program Name: _____ Last Progression Level: _____

Program Day: _____ Saturday _____ Sunday Snow Owls (Only): _____ Am _____ Pm

Program Lift and Rental Packages Available / Program prices DO NOT include Lift Ticket or Rentals

Program Lift Ticket Child _____ Program Lift Ticket Adult _____ Seasonal Rental _____

*Seasonal Ticket option is only to be used during scheduled program day... not to be used on any other day

PLEASE CHECK ONE OF THE FOLLOWING ABILITIES:

- N _____ N = First Time - No experience on skis or snowboard, unable to stop or turn, no experience on chair lifts
 1 _____ 1 = Limited experience on lifts, skier / snowboarder can turn in both directions and stop.
 2 _____ 2 = Little or no assistance required on lifts. Able to link turns with confidence on intermediate trails
 3 _____ 3 = Ski / Snowboard regularly. Able to ski / snowboard with speed and control.

Liability Release Waiver: Please read carefully

Ski Crabbe Mountain Limited will not be held responsible for any injury or damage which may occur or result from using the facilities of Crabbe Mountain. "I accept all responsibility for injury or damage which may occur or result from using the ski facilities of Crabbe Mountain. I also agree to abide by the rules and regulations of Crabbe Mountain established from time to time. I understand by signing this agreement I am waiving certain legal rights which I or my kin, executors, administrators and representatives may have against the area operator."

Participant/ Parent or Guardian Signature _____

Date _____

	Amount
A. Program Price	
B. Lift (Optional)	
C. Rental (Optional)	
D. Hst (15%)	
Total	

PAYMENT	
<input type="checkbox"/> Cheque	<input type="checkbox"/> American Express
<input type="checkbox"/> Visa	<input type="checkbox"/> Cash
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Gift Card

Credit Card # _____

Expiry Date: _____

*All cancellations subject to a \$20 administration fee.

Fax form to: 506-463-8259	Mail to: Crabbe Mountain 50 Central Hainesville Rd. Central Hainesville, NB E6E 1E3
Email: onsnow@crabbemountain.com	
Phone: 463-8311 ext.225	