2018-2019 Camp Registration

Participants Name:	Date of Birth:	Date of Birth:	
Address:	Postal Code:		
Phone Day: Phone	Evening:		
Parent/Guardian:Medica	are Card Number:	Exp:	
E-Mail : Aller	gies:		
Ability:			
N N = First Time - No experience on skis or snowboard, 1 1 = Limited experience on lifts, skier / snowboarder of 2 2 = Little or no assistance required on lifts. Able to li 3 3 = Ski / Snowboard regularly. Able to ski / snowboard	can turn in both directions and stop. ink turns with confidence on interme		
Please indicate what camp your child will be attending	g camp:		
Three Day Camp	•		
Two Day Camp Does your child need	d rentals: Yes No		
Christmas	7 remais 765 140		
New Year's Does your child need	l lift tickets: 🔲 Yes 🗀] No	
March Break			
Snowboard Does Your child need	d lunch with supervision: 🗀	Yes 🔲 No	
the ski facilities of Crabbe Mountain. I also agree to abide by from time to time. I understand by signing this agreement I an administrators and representatives may have against the area	n waiving certain legal rights which I		
Participant/ Parent or Guardian Signature	Date		
PAYMENT			
Cheque Visa Mastercard American Express		Amoun	
	A. Camp Cost		
Cash Gift Card Debit	B. Lift (Optional)		
lit Card #	C. Rental (Optional)		
ry Date:	D. Subtotal		
	E. HST (TAX 15%)		
to: Crabbe Mountain	TOTAL		
50 Central Hainesville Rd.			
Central Hainesville, NB E6E 1E3			
COL ICS			
d through Email to:	*All cancellations subject to a \$		