CRABBE X MOUNTAIN

2015-2016 Camp Registration

| Address: | Postal Code: | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------|
| Phone Day: Phone | Evening: | |
| Parent/Guardian:M | edicare Card Number: | |
| E-Mail : Aller | gies: | |
| Ability : | | |
| N N = First Time - No experience on skis or snowboard, 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 / snowboard | an turn in both directions and stop. nk turns with confidence on intermedia | |
| Please indicate what camp your child will be attending | g camp: | |
| Three Day Camp Does your child need rer | ntals: 🗌 Yes 🔲 No | |
| Does your child need a li | ift ticket: 🗌 Yes 🥅 N | No |
| Ski | | |
| Snowboard Does Your child need lun | ch 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 of Participant (Parent on Cuardian Signature | n waiving certain legal rights which I or operator. " | |
| Participant/ Parent or Guardian Signature | Date | |
| | | |
| PAYMENT | | Amount |
| | A. Camp Cost | Amount |
| | A. Camp Cost B. Lift (Optional) | Amount |
| Cheque Visa Mastercard American Express | • | Amount |
| Cheque Visa Mastercard American Express | B. Lift (Optional) | Amount |
| Cheque Visa Mastercard American Express Cash Gift Card Debit dit Card # iry Date: | B. Lift (Optional) C. Rental (Optional) | Amount |
| Cheque Visa Mastercard American Express Cash Gift Card Debit dit Card # iry Date: c form to: 506-463-8259 | B. Lift (Optional)C. Rental (Optional)D. Lunch/Supervision | Amount |
| Cheque Visa Mastercard American Express | B. Lift (Optional)C. Rental (Optional)D. Lunch/SupervisionE. Subtotal | Amount |