

AFTER SCHOOL PROGRAM REGISTRATION

SCHOOL NAME: _____

TRIP LEADER: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL PHONE: _____ ALT PHONE: _____

E-MAIL: _____

Do you want your confirmation sent by e-mail? YES NO

BEST TIME TO CONTACT YOU: _____

SKI DATES (EXCLUDE - MLK Holiday Monday & President's Day Holiday Monday)

1ST VISIT: _____ 2ND VISIT: _____

3RD VISIT: _____ 4TH VISIT: _____

ARRIVAL TIME RANGE PM - CIRCLE ONE.

3 - 3:30

3:30 - 4

4 - 4:30

4:30 - 5

5 - 5:30

5:30 - 6

PLEASE FILL IN APPROXIMATE NUMBERS BELOW. MINIMUM GROUP SIZE IS 15. IF YOUR NUMBERS CHANGE, PLEASE CONTACT GROUP SALES AT 816-640-2014 OR E-MAIL GROUPS@SKISNOWCREEK.COM. THIS WILL ALLOW US TO BE PROPERLY STAFFED FOR YOUR VISIT.

SKIERS \$20

STUDENTS _____

CHAPERONES _____

SNOW BOARDERS \$20 (SUBJECT TO AVAILABILITY)

STUDENTS _____

CHAPERONES _____

SKI/BOARD LESSON \$7

STUDENTS _____

CHAPERONES _____

TOTALSKIERS/BOARDERS _____ TOTAL LESSONS _____

ARE YOU TAX EXEMPT? YES _____ NO _____ *IF YES, WE MUST HAVE A COPY OF YOUR TAX EXEMPT LETTER ON FILE. - PLEASE INCLUDE WITH THIS APPLICATION.

Mail to: **Snow Creek After School, P.O. Box 567, Weston, MO 64098-0567**