



HOMWOOD MOUNTAIN RESORT
 SKI & SNOWBOARD SCHOOL
 P.O. BOX 165
 5145 WEST LAKE BLVD
 HOMWOOD, CA 96141
 PH: (530) 525-1265
 FAX: (530) 525-9268



Women's Edventures 2008-09 Registration Form

Name _____
 Address _____
 City _____ State _____ Zip _____ E-mail _____
 Home # _____ Work # _____ Mobile # _____

Clinic Dates: (Please indicate date and price)

FEBRUARY 5-6 - 2 day clinic – Thursday, Friday
 \$269 w/ lift ticket _____ \$200 pass holder _____

MARCH 5-6 - 2 day clinic – Thursday, Friday
 \$269 w/ lift ticket _____ \$200 pass holder _____

FEBRUARY 7-8 - 2 day clinic – Saturday, Sunday
 \$269 w/ lift ticket _____ \$200 pass holder _____

MARCH 7-8 - 2 day clinic – Saturday, Sunday
 \$269 w/ lift ticket _____ \$200 pass holder _____

Clinic prices include two full days of skiing with our top female instructors, video analysis, breakfast lunch and snacks, goodie bag and raffle and a personalized strategy for improvement.

Please answer the following questions to help us plan ahead for a rewarding experience on the snow:

1. Have you ever skied before? Yes No
2. What kind of runs do you enjoy? Beginner/Green Intermediate/Blue Expert/Black
3. What are you practicing? _____
4. What are your goals? _____
5. Other sports and activities you enjoy? _____
6. Anything else you would like to tell us? _____
7. Do you need to rent equipment? Yes No

Please return your completed form along with payment to Homewood Ski & Snowboard School.

Payment Method (circle one)

Cash Check Credit Card Payment Amount \$ _____

'PLEASE CHARGE MY CREDIT CARD'

Card Number _____ Expiration _____

Cardholder Name _____ Cardholder Signature _____

Full payment is due at time of registration (including any vouchers). Cancellations made less than 10 days prior to your clinic may receive a refund less an administrative fee.

HMR Use Only

Amount Paid _____ Method _____ Date _____ Accepted By _____