



P.O. Box 5279
 2600 ALPINE MEADOWS ROAD
 TAHOE CITY, CA 96145
 PH: (530) 581-8200
 FAX: (530) 583-0963

2009-2010 Adult Adventure Camps Registration Form

Sign ups accepted until 10 days before start date.

Name _____

Address _____

City _____ State _____ Zip _____ E-mail _____

Home # _____ Work # _____ Mobile # _____

Camp Dates: (Please indicate date and price)

For Women. By Women.

	With Lift Ticket	Without Lift Ticket
Jan 12-14	<input type="checkbox"/> \$658	<input type="checkbox"/> \$529
Feb 6-7	<input type="checkbox"/> \$369	<input type="checkbox"/> \$283
Please check discipline for Feb camp: Ski _____ Snowboard _____		
March 19-21	<input type="checkbox"/> \$658	<input type="checkbox"/> \$529

Steep Skiing Camp

	With Lift Ticket	Without Lift Ticket
Jan 29-31	<input type="checkbox"/> \$658	<input type="checkbox"/> \$529
March 12-14	<input type="checkbox"/> \$658	<input type="checkbox"/> \$529

How to Heli Camp

	With Lift Ticket	Without Lift Ticket
March 6-7	<input type="checkbox"/> \$369	<input type="checkbox"/> \$283

Tele Camp

	With Lift Ticket	Without Lift Ticket
Jan 22-24	<input type="checkbox"/> \$529	<input type="checkbox"/> \$399

Snowboard Camp

	With Lift Ticket	Without Lift Ticket
March 26-28	<input type="checkbox"/> \$529	<input type="checkbox"/> \$399

Ability Level: (check one)

- A** – You ski/ride easier blue trails. **Primary Focus:** More difficult blues.
- B** – You ski/ride all blue trails. **Primary Focus:** Ungroomed blues or single black diamonds.
- C** – You ski/ride single black diamond trails. **Primary Focus:** Off piste black diamonds, improve technique in challenging terrain.
- D** – You ski/ride everything in most conditions. **Primary Focus:** Off piste double black diamonds.

Total Amount to be Charged: \$ _____ Card Number: _____ Exp: _____ CVV#: _____

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 a \$100 fee.*

FOR ALPINE MEADOWS USE ONLY

Amount Paid \$ _____ Method _____ Date Paid _____ Accepted By _____
 Order# _____ Emailed: _____