

SKITAOS

2011/2012 TAOS SKI VALLEY

Adult Local Clinics Registration

Name of Skier			
Mailing Address			
City, State and Zip Code			
Day Time Phone Number		Cell Phone	
E-Mail Address			

PLEASE REGISTER ME IN THE FOLLOWING LOCALS' CLINICS

DECEMBER LOCALS - \$ 300

↗ ALPINE _____ TELEMARK _____ SNOWBOARD _____

Pick the 3 days you would like to schedule your December Locals Clinic

November 26 _____ November 27 _____
 December 1 _____ December 2 _____ December 3 _____ December 4 _____
 December 8 _____ December 9 _____ December 10 _____ December 11 _____
 December 15 _____ December 16 _____ December 17 _____

Time of Lesson: _____ 12:30 PM _____ 1:00 PM _____ 1:30 PM _____ 2:00 PM

Requested Instructor _____ *(Subject to instructors availability)*

What is your current skiing/riding level? _____ Number of skiers in your group: _____

NEW JANUARY SATURDAY LOCALS (Morning lesson)

_____ **\$ 165 (If paid by January 2)** _____ \$ 200 (If paid after January 2)

↗ ALPINE _____ SNOWBOARD _____

January 7, 14, 21, 28 and February 4 (5 weeks) What is your current skiing/riding level? _____

JANUARY SUNDAY LOCALS (Afternoon lesson)

_____ **\$ 165 (If paid by January 2)** _____ \$ 200 (If paid after January 2)

↗ ALPINE _____ TELEMARK _____ SNOWBOARD _____

January 8, 15, 22, 29 and February 5 (5 weeks) What is your current skiing/riding level? _____

JANUARY WEDNESDAY LOCALS (Afternoon lesson)

_____ **\$ 165 (If paid by January 2)** _____ \$ 200 (If paid after January 2)

↗ ALPINE _____ SNOWBOARD _____

January 4, 11, 18, 25 and February 1 (5 weeks) What is your current skiing/riding level? _____

↗ **PROGRAM POLICIES**

**Lift Ticket is purchased separately.*

- Registration will be on a first come, first serve basis. Full payment is required at time of registration.
- No refunds or make-ups will be given for missed classes.
- **Refund Policy:** Cancellations made prior to the first day of class will receive a full refund. Cancellations after the first class will incur a \$50.00 charge for handling and processing and purchaser will be charged for ALL CLASSES that had been taught up until the date of the cancellation request.

**Please return completed form and payment to:
Taos Ski Valley – Ski School Office – P.O. Box 90, Taos Ski Valley, NM 87525**

METHOD OF PAYMENT

PAYMENT INFORMATION	Amount Enclosed	
Payment Type (circle one)	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Disc <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	Expiration Date
Credit Card #		CVS
Name on Credit Card		
Cardholder Signature		