

TRAINING LANE REGISTRATION FORM

Today's Date _____ **Contact Name** _____
Team Name _____ **Coach Name** _____
Address _____ **-City** _____
Province/State _____ **Country** _____ **Postal Zip Code** _____
Phone: (____) _____ **Fax** (____) _____ **E-Mail** _____
(if international, please include country code and complete phone and fax numbers)
 Number in Group: Racers _____ Coaches _____ **LUNCHES** ___YES ___NO
 Requested Dates: First day training on mountain _____
 Last day training on mountain _____
 Planned days off: ____ Total number of training days: ____ (total number of training days minus days off)

Please indicate AM or PM sessions and type of training you request with the number of racers.
 Use the following codes: GS - Giant Slalom, SL - Slalom, FS - Free Skiing, Off - Days Off.

	DATE	AM SESSION	PM SESSION	NO. OF RACERS
EXAMPLE	Dec 1	GS	SL	15
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				

DATE	AM SESSION	PM SESSION	NO. OF RACERS
Dec 15	GS	SL	15

I have read and agree to the stated terms, conditions and rates: _____
Name in block letters : _____
Signature of contact-coach _____

<input type="checkbox"/> Amex <input type="checkbox"/> Master <input type="checkbox"/> Visa
Card holder name:
Number:
Expiration / date : / /
SIGNATURE:

PLEASE FAX THIS FORM TO :

GISÈLE BARCLAY
Marketing Coordinator
Fax : 1 (418) 827-3121
Tel : 418 827-4561 # 324
1 (888) 827-4579 #324