

A VAIL SKI AND SNOWBOARD SCHOOL PROGRAM
Ski Younger Now
Low-torque, low-impact skiing for life
REGISTRATION & SKIER PROFILE FORM, 2015-16

Please return by: Email ifranberg@vailresorts.com or FAX: 970-754-4315

REGISTRATION INFORMATION

Today's Date _____

Skier's Name: _____

Email: _____

Phone numbers: _____

Mailing address: _____

PLEASE INDICATE YOUR CLINIC PREFERENCE (You may sign up for one or all)

_____ December 15-17, 2015 Lesson only: _____ Lift/Lesson _____

_____ January 12-14, 2016 Lesson only: _____ Lift/Lesson _____

_____ February 16-18, 2016 Lesson only: _____ Lift/Lesson _____

_____ March 8-10, 2016 Lesson only: _____ Lift/Lesson _____

Cost for each clinic: \$695 lesson only. Lesson/Lift: \$890.

BILLING PROCESS: Your credit card will be charged the full price of \$695/\$890 on the first day of the clinic.

We will confirm your booking with an e-mail. At that time we will attach a credit card authorization form. Please, complete and return this form to Ingie Franberg, Specialty Programs Supervisor, via fax to 970-754-4315.

For questions please contact Ingie at 970-754-4311 or e-mail ifranberg@vailresorts.com

If you are booking as a group, please provide the names of your group members:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Comments:

SKIER PROFILE INFORMATION

Please answer the following questions so that we can determine what group will be most appropriate for your skiing ability and goals. Please comment on your general skiing. We can make adjustments when we are all on snow.

- When did you last ski?
- How many days have you skied during the 2014-15 and 2015-15 seasons?
- Rate your skiing level (circle one): Intermediate Advanced Expert
- Rate your confidence (**1 = not confident** **to** **5 = very confident**)

	Blue Trails	Black trails
Groomed	1 2 3 4 5	1 2 3 4 5
Bumps	1 2 3 4 5	1 2 3 4 5
Powder (10 inches or less)	1 2 3 4 5	1 2 3 4 5
- Generally when you ski, are you:
Aggressive? ____ Deliberate / thoughtful? ____ Conservative? ____
- Indicate the % of a typical ski day you would spend skiing:
Groomed ____ Bumps ____ Powder ____
- Do you typically ski a . . . Full Day? ____ Partial Day? ____
- Please comment on your physical condition.
- Are you recovering from or concerned about injuries, lack of conditioning, etc.? Please explain.
- Please offer information about your ski equipment.
How old are your skis? _____ yrs
How old are your boots? _____ yrs
Do you have custom footbeds? Yes No
- Please describe some of your goals in skiing and your expectations for this clinic.

And finally, please share any other thoughts that will help us form groups. (Use the reverse side if necessary.)