

A VAIL SKI AND SNOWBOARD SCHOOL PROGRAM
Ski Younger Now
Low-torque, low-impact skiing for life
REGISTRATION & SKIER PROFILE FORM, 2017-18

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 19-21, 2017 | Lesson only: _____ | Lift/Lesson _____ |
| _____ January 13-15, 2018 | Lesson only: _____ | Lift/Lesson _____ |
| _____ January 16-18 | Lesson only: _____ | Lift/Lesson _____ |
| _____ February 13-15 | Lesson only: _____ | Lift/Lesson _____ |
| _____ March 13-15 | Lesson only: _____ | Lift/Lesson _____ |
| _____ April 3-5 | Lesson only: _____ | Lift/Lesson _____ |

Cost for each clinic: \$695 lesson only. Lesson/Lift: \$890. (2015-16 prices; 2016-17 prices not yet posted)

BILLING PROCESS: Your credit card will be charged the full price of \$TKK 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

Group Size: Maximum three skiers; larger groups should book in teams of three. If you are booking as a group, please provide the names of your group members:

| | |
|----------|----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |

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.

1. When did you last ski?
2. How many days have you skied during the 2014-15 and 2015-15 seasons?
3. Rate your skiing level (circle one): Intermediate Advanced Expert
4. 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 |
5. Generally when you ski, are you:
Aggressive? ____ Deliberate / thoughtful? ____ Conservative? ____
6. Indicate the % of a typical ski day you would spend skiing:
Groomed ____ Bumps ____ Powder ____
7. Do you typically ski a . . . Full Day? ____ Partial Day? ____
8. Please comment on your physical condition.
9. Are you recovering from or concerned about injuries, lack of conditioning, etc.? Please explain.
10. 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
11. 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.)