

SUMMER ADVENTURE SCHOOL REGISTRATION FORM 2023



Office use. Date Received: Staff ID: Guide Confirmed: Booking POS:

| Wollien's Mountain Dike Night | | | | | | |
|---|---------------------------|-------------|--------------------|-----------------|---------------------------|-----------------|
| First Name: | | | | Surname: | | |
| Address: | | | | | | |
| Phone: | | | | Email: | | |
| | Please note: Bookings r | nust be acc | ompanied by full p | | 48 hrs in advance. Cancel | |
| Wom | en's Mountain Bike. 5:30p | m - 8:30p | om | | | |
| | | | Date of Birth | | Any medications, | |
| Guest | Full Name (participant) | Age | (MM/DD/YY) | Clinic Date | allergies etc. | MTB night Price |
| 1 | | | | | | \$ 65 |
| 2 | | | | | | \$ 65 |
| 3 | | | | | | \$ 65 |
| 4 | | | | | | \$ 65 |
| 5 | | | | | | \$ 65 |
| 6 | | | | | | \$ 65 |
| *Lift tickets and rentals can be added on at a 15% discount* | | | | | Subtotal: | \$ |
| *Interceted in different dates for adult MTD alining contact up with very ideal leases and date** | | | | | | |
| *Interested in different dates for adult MTB clinics, contact us with your ideal lesson and date** Adult Clinics | | | | | | 1 |
| August 24 - Woman's MTB Night | | | | | | |
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| | 5339 Ski Hill Rd, Fernie, | BC, V0B | 1M6 / Phone: | +1 250 423 4655 | / Email: snowschoo | l@skifernie.com |
| Visa | M/C | Amex | | Total GST (5%): | | |
| • | | | GRAND TOTAL: | | | |
| Name on Card: | | | | Expiry Date: | | |
| Credit Card Number: | | | | | | |