

2015/16 Echo Mountain Alpine Program

			PARTICIPANT II		_					
Name:	Las		First				Birth date:			
		ι	1 1100			I				
Address:	Ctra	. 4								
	Suc	eet Address								
	2.4									
	City	<i>(</i>			-mail		State	ZIP	Code	
Phone:	()			ddress:					
Cell:	()		C	ompetiti	on C	enter Membe	r? _	_yes	no
Parent Na	mes:	•		P	rogram N	lame):		☐ Nor	n-member*
Non-Comp Center members must also complete a Competition Center liability and medical release forms										
All participants must complete an Echo Mountain liability form, it will be available mid-November.										
Through Echo Mountain Resort beginning Nov 15. • U12 and older athletes welcome. 4:30pm-7pm on Wednesdays starting 12/9/15 thru 3/16/16. DEADLINE to sign up: November 6, 2015 FULL UNLIMITED PROGRAM 13 sessions \$1100 Comp Center members/\$1400 non-members										
5 SESSION PUNCH PASS Choose days, non-transferable, does not carryover to 16/17 season \$500 Comp Center members/\$700 non-members										
NIGHTLY DROP-IN FEE Either purchase a season pass through Echo Mtn or buy one-night ticket for \$39 at Echo Mountain ticket window Must register in advance, no on-site registration \$125 Comp Center members/\$175 non-members										
Amount Paid	\$		Cash □	Chec	ck 🗆	F	Payment Plan □	(see	attache	ed)
Charge □	Card T									
Card#				Exp. Date:						
Signatura:										