

HOME HARDWARE DEVELOPMENT CAMP APEX MOUNTAIN RESORT SNOW SCHOOL 2018/2019 AGES 8-15



Weekend Camp January 12/13th 2019 - March 2/3rd 2019

8 consecutive **Saturdays** *OR* **Sundays** of lessons
AM Session 10am to 12pm or PM Session 1pm to 3pm
Full Day Session 10am to 12pm Lunch PM Session 1pm to 3pm
Registration cut-off Friday. Jan. 7th/2019

Date:	9	, ,		
Name:	Age:	(Age 8-15)	Phone #:	
Address:	City:		Postal Code:	
Email:	En	nergency/cell ph	none:	
Parent/ Emergency Contact Na	ames:			
Medical conditions or allergies	, please specify:		.	
SKIING □ Saturdays □	Sundays □	SNOWBOAR	DING □ Saturdays	☐ Sundays ☐
Ability Level Beginner □	Novice \square	Intermediate [☐ Advanced ☐	Expert □
Rentals Needed (Y/N)	Height:	_ Weight:	Shoe Size:	
Right foot forward \Box Lef	t foot forward \Box	Please sign lia	ability waiver if needing	rentals
RATES 2018/2019 Seas				
esson Only Full day \$329 + tax (5%) = \$334.45				
Please circle AM or PM FOR HAI	F DAY LESSONS Half Da	ay \$252 + tax (5	5%) = \$264.60	
8 day lift pass (if needed)		\$184.80 + tax (5%) = \$194.04		
Snowboard package rental (if needed)		\$132 + tax (12%) = \$147.84		
Ski package rental (if needed)		\$132 + tax (1	2%) = \$147.84	
			Grand Total:	
Payment Method: CHEQUE□	(Payable to APEX MOUN	TAIN RESORT)	VISA M/C CAS	ВН □
Card Holder: Card Number:			Ex	piry:
Please inform your child's Please check this Should you plan on have you pre-arrange a time questions or concerns plants.	box if you would like a ing lunch with your chi e and meeting spot wi ease do not hesitate t	egin at 10 am a dical conditions, lesson. a Supervised Lu ild, please inforr th your child and o contact Apex	and at 1 pm daily. , allergies, medications punch (bring your own bag m the Instructor. We red d Instructor. If you have	g lunch) commend that any further 0) 292-8222 or

Administrative Use: Student Number:_____ Group Assigned:_____ Instructor:_