



2009-2010 REGISTRATION INSTRUCTIONS

Steps to Register:

- Print out the registration packet. (1 per athlete)
- Complete all 3 documents. (Season Pass Application and 2 release of liability forms.)
- Mail or fax all 3 signed documents to:

Northstar Season Pass Office

P.O. Box 129

Truckee, CA 96160

Voice: (530) 562-2267

Fax: (530) 562-3535

Registration, tuition and release forms must be received prior to **September 30, 2009** in order to participate in dry land training. Participants must be at least 10 years old for dry land training.

Program registration, tuition payment and release forms must be received before **September 30, 2009**. All late registrations will be charged a \$200 late fee, placed on a waiting list and processed subject to program availability. All registrations are processed on a first-come, first-served basis. To maintain a safe environment in all programs a waiting list will be implemented once a program is full. Enrollment is not guaranteed.

If you have any questions or concerns please feel free to contact me at:

Todd Kelly

Ski & Snowboard Team Manager

P.O. Box 129

Truckee, CA 96160

(530) 562-3231

tk@boothcreek.com



2009-2010 SEASON PASS APPLICATION

(One application per athlete)

ATHLETE NAME:	Last	First
DATE OF BIRTH:	Age (As of 1/1/10)	Sex
PARENT NAME:	()	Phone
PARENT NAME:	()	Phone
MAILING ADDRESS:	City	State Zip
LOCAL ADDRESS:	City	State Phone
*Email Address (Primary form of communication)	Other Phone	

PROGRAM	QTY	COST	AMOUNT
Pioneer Program – Saturday and Sunday		\$799	
Pioneer Program – Sunday Only		\$399	
Pioneer Program – Wednesday and Friday		\$299	
Development Program		\$1199	
J4/5 Far West Program		\$1949	
J 1/2/3 Far West Program		\$2149	
Skiing Development Free Ride Program		\$1199	
Skiing Competitive Free Ride Program		\$1949	
High School Program – Limited Pass		\$499	
High School Program – Unlimited Pass		\$629	
Masters Program		\$650	
Vertical Plus		\$99	
Discount Type: (ex: refer a friend)		()	
After 9/30/09 add a \$200 late fee for each program		\$	
Grand Total		\$	

METHOD OF PAYMENT

Circle One: Cash Check AMEX VISA/MC DISC

Credit Card for payment # _____ Exp. Date _____

Credit Card for Auto Charge # _____ *(if different than above)* Exp. Date _____

I authorize payment by the above described credit card. I also authorize payment charges through the use of auto-charge (Vertical Plus additional membership only) for the individual listed above.

SIGNATURE OF CARD HOLDER: _____ Date _____