

REGISTRATION FORM

ALL LESSONS MUST BE USED IN THE SAME SKI/SNOWBOARD SEASON

Lesson Meeting Area: Mogul Busters Yurt Located At Mt. Hood Skibowl East

Mogul Busters Ski & Snowboard School

mogulbusters.com • 11010 SE Mill Ct. • Portland Oregon 97216 • 503.254.0847 • Fax: 503.257.3793

EARLY REGISTRATION IS HIGHLY RECOMMENDED • CLASS AVAILABILITY IS LIMITED

PLEASE PRINT NAME & ALL INFORMATION

STUDENT NAME / AGE _____ **CIRCLE LESSON TYPE:** SKI SNOWBOARD ADV. FREE RIDERS **LESSON DAY:** SAT. SUN. SPECIAL MEDICAL **ABILITY**

STUDENT NAME / AGE _____ SKI SNOWBOARD ADV. FREE RIDERS SAT. SUN. SPECIAL MEDICAL **ABILITY**

STUDENT NAME / AGE _____ SKI SNOWBOARD ADV. FREE RIDERS SAT. SUN. SPECIAL MEDICAL **ABILITY**

PARENT OR GUARDIAN _____

ADDRESS _____ CITY _____ STATE/ZIP _____

HOME OR WORK _____ CELL _____ EMAIL _____

TYPE OF LESSON:

CIRCLE ABOVE FOR EACH STUDENT

SKI **7 & Older Only!**
 SNOWBOARD Adv. Free Riders

Yes I give Mogul Busters the rights to use photos of my kids in any promotional materials
 No

ABILITY: 1 NEVER EVER 2 ONE LESSON 3 ROPE TOW 4 GOES ON LIFT 5 INTERMEDIATE 6 ADVANCED

PLEASE INDICATE SESSION DESIRED:

CHRISTMAS SESSION JANUARY SESSION FEBRUARY SESSION MARCH SESSION
MAY VARY WITH CONDITIONS

Children & Kids 4-13

4 Week - 4 Hour Group Lesson Per Day

MOGUL BUSTER PROGRAM

ADV. FREE RIDERS

1 DAY ONLY PACKAGE

4 Hour Group Lesson & Day Lift

7 & Older Includes Tickets

_____ x \$295= _____ OR _____ x \$230= _____

_____ x \$295= _____ OR _____ x \$230= _____

_____ x \$85= _____ OR _____ x \$65= _____

LESSONS ONLY • 6 & Under and Season Pass Holders

Parents & Older Kids 14-18

4 Week 1.5 Hour Group Lesson Per Day

PARENT/OLDER KIDS PACKAGE

1 DAY ONLY PACKAGE

1.5 Hour Group Lesson & Day/Night Lift

Includes Lift Ticket

_____ x \$225= _____ OR _____ x \$95= _____

_____ x \$95= _____ OR _____ x \$55= _____

LESSONS ONLY and Season Pass Holders

REV102009

PAYMENT METHOD:

CHECK VISA MASTER CARD EXP. DATE _____ 3 DIGIT CREDIT CODE _____

NAME ON ACCOUNT _____ CREDIT CARD NUMBER _____

ADDRESS OF ACCOUNT HOLDER SAME AS ABOVE ADDRESS ZIP CODE - MUST MATCH ACCOUNT HOLDER _____

SIGNATURE _____ DATE _____ TOTAL