



## 2011 Local's Clinic Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Ability** (choose):
- I am comfortable on green runs. I can link turns and stop with confidence.
  - I can control my speed and feel rhythm in my turns on blue terrain.
  - I am able to make parallel turns on groomed black runs and easy black bumps.
  - I am able to ski any terrain on the mountain, all bumps, and trees.

Wednesdays: January 12-March 2

<b>Wednesday Clinic \$250</b>			
Please check the appropriate box.			
	Skier	Boarder	Telemark
Men's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Custom Class Flat Rate \$1500</b>			
Requested Instructor: _____			
Please circle your choice of time.			
Mon 9:30	Tues 9:30	<del>Wed 9:30</del>	Thurs 9:30
Mon 1:00	Tues 1:00	Wed 1:00	Thurs 1:00
Participants: _____			

\*Custom class can be 4 weeks at \$750

Registration is on a first come, first serve basis. Full payment is required at time of registration. No refunds or make-ups will be given for missed classes. Cancellation Policy: Ten days prior to start of session full refund, within ten days 50% refund, day of or after the start of the session no refund.

Payment can be made by check or credit card. Please make checks payable to Durango Mountain Resort.

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**Please return this completed registration form, signed release of liability and payment to: Durango Mountain Resort, Ski and Ride School, #1 Skier Place, Durango, CO 81301**

Internal use only		
DATE _____	PMT TYPE: _____	AMT _____