

Purgatory Ski and Ride School

Snowburners Registration Form

#1 Skier Place • Durango, Colorado 81301 •

www.durangomountainresort.com

Child's Name: (last) _____ (first) _____

Date of Birth : _____ Age: _____

(Participants must be of age by January 1, 2010.)

Parent's Name: _____ Phone: (_____) _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Does your child have any medical or physical conditions we should be aware of ?

Yes No

If yes, please specify _____

Special Requests: _____

Please check the appropriate box

Saturday Programs	Age	Class Time		Sunday Programs	Age	Class Time	
a.m. Snowburner for skiers	5 years	9:30-12:00	<input type="checkbox"/>	a.m. Snowburner for skiers	6-12 years	9:30-12:00	<input type="checkbox"/>
a.m. Snowburner for skiers	6-12 years	9:30-12:00	<input type="checkbox"/>	a.m. Snowburner for boarders	6-12 years	9:30-12:00	<input type="checkbox"/>
a.m. Snowburner for boarders	6-12 years	9:30-12:00	<input type="checkbox"/>	p.m. Snowburner for skiers	5 years	1:00-3:30	<input type="checkbox"/>
p.m. Snowburner for skiers	6-12 years	1:00-3:30	<input type="checkbox"/>	p.m. Snowburner for skiers	6-12 years	1:00-3:30	<input type="checkbox"/>
p.m. Snowburner for boarders	6-12 years	1:00-3:30	<input type="checkbox"/>	p.m. Snowburner for boarders	6-12 years	1:00-3:30	<input type="checkbox"/>
Thursday Programs	Age	Class Time					
a.m. Snowburner for skiers	4-5years	9:30-12:00	<input type="checkbox"/>				
p.m. Snowburner for skiers	4-5years	1:00- 3:30	<input type="checkbox"/>				

Purchase Dates	Through Jan. 8
All Snowburners	\$220

Total Amount enclosed or billed to your credit card _____

Credit Card # _____ Exp. Date: _____ Name on Card: _____

Billing Zip Code: _____

Please Make checks Payable to Durango Mountain Resort

Please check your child's ability

- Beginner** No skiing/boarding experience
- Green** Can ski or ride on green terrain
- Blue** Can ski or ride on intermediate terrain
- Black** Can ski or ride on expert terrain

IMPORTANT PLEASE READ AND SIGN RELEASE FORM

Internal use only

Date _____ PMT TYPE: _____ AMT _____