

**12th ANNUAL WINTER SKI FESTIVAL**

**APPLICATION FORM**

**February 8-11, 2019**

**(All forms and payment must be received by January 9, 2019)**

****

# CONTACT INFORMATION:

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell Phone (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

Sex: M or F Height: \_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_lbs Shoe Size\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: (name, phone number, relation to you) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran and Military Members Only:

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When did you serve?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost to athlete: $290

Military members: No charge for Military & Veterans (limited space available)

Would the athlete like a single room? Yes\*(see below for info) or No

\* **When sharing a room with another athlete, there is no additional cost. If requesting a single room or sharing a room with a family member or friend, you will be required to pay for ½ of the room costs. Contact the Program Coordinator directly for the additional costs of a private room. A fee of $150 will be charged for any cancellation with less than 14 days’ notice to cover fees the hotel may charge our organization.**

**MEDICAL INFORMATION:**

Please select your visual classification:

B1 – No light perception in either eye up to light perception, but inability to recognize the shape of a hand at any distance or in any direction.

B2 – From ability to recognize the shape of a hand up to visual acuity of 20/600 and/or a visual field of less than 5 degrees in the best eye with the best practical eye correction.

B3 – From visual acuity above 20/600 and up to visual acuity of 20/200 and/or a visual field of less than 20 degrees and more than 5 degrees in the best eye with the best practical eye correction.

B4 – From visual acuity above 20/200 and up to visual acuity of 20/70 and a visual field larger than 20 degrees in the best eye with the best practical eye correction.

Eye condition due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Physician Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENERAL PHYSICAL CONDITION: Excellent Good Fair

MEDICATIONS (dosage, frequency & reason for medication): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST ANY DIETARY RESTRICTIONS AND WE WILL DO OUR BEST TO ACCOMMODATE YOU:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU TRAVELING WITH A GUIDE DOG? (choose one) **YES NO**

**SEIZURES (choose one) YES NO**

If Yes, controlled with medications? YES NO

## If Yes, please list medication: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Type of Seizures: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date and Length of Last Seizure: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any other pertinent information that you need to share regarding your health or safety (use additional paper if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLAN YOUR ITINERARY:**

* You must stay in same sport genre, Alpine Ski or Snowboard for the duration of the weekend.
* You may Learn to Ski/Ride in AM and Learn to Race in PM on Sunday, **but** you must stay in same sport genre for the duration.
* You are not required to participate in both Alpine Ski/Snowboard and Nordic skiing/Snowshoeing during the weekend, though we recommend you try both.

**SATURDAY:** Would you like to:

Check Mark Choice Below Check Skill Level Below

Alpine ski Learn to ski/ride AM Beginner  Intermediate  Advanced

Learn to ski/ride PM

Snowboard

**SUNDAY:** Check Mark Choice Below Check Skill Level Below

Alpine ski Learn to ski/ride AM Beginner Intermediate Advanced

Learn to ski/ride PM or Learn to race PM

Snowboard

Or would you like to:

Check Mark Choice Below Check Skill Level Below

Nordic/Snowshoe Learn to Nordic ski/Snowshoe Beginner Intermediate Advanced

**DETAILS for SKI GUIDE**

**(Optional – Vermont Adaptive Ski & Sports provides guides during events if needed). Please choose which ever applies:**

Need Ski Guide

Bringing My Own Ski Guide

* If you already have a ski guide, he/she is welcome to participate fully in the ski weekend
* Your guide will need to pay for lodging and travel accommodations.
* He/she will not be charged the $200 Meals and Transportation fee unless he/she would like to eat meals and travel to resorts using the provided transportation.
* Your guide will not need to pay for lift/trail tickets (will need to pay for rentals if needed)

**RENTAL INFORMATION** (skip this part if you plan on bringing your own equipment)

Need to rent ski gear? No problem! We’ll make sure your rental equipment is waiting for you upon your arrival at the mountain. Just fill out the following information:

1. How many times have you been skiing/riding? (Approximate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What level of a skier/snowboarder would you consider yourself? (choose one)

Beginner/Intermediate/Advanced

1. What is your height? \_\_\_\_\_\_\_\_feet, \_\_\_\_\_\_\_\_inches
2. Weight? \_\_\_\_\_\_\_\_(lbs)
3. Street Shoe Size? \_\_\_\_\_\_\_\_\_\_\_\_

Athletes will receive a T-shirt during the event! Please indicate the size in either youth or adult:

T-Shirt Size - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DINNER CHOICES**

**Saturday 2/9/2019:** Banquet Dinner will be served with Salad, Rolls and Butter, Entrée, Vegetable, Dessert, and Coffee

Chicken

Fish

Vegetarian Choice

Children’s Choice

**Sunday 2/10/2019:** Option of joining group at local restaurant(Participant is responsible for cost of their own dinner, payment collected day of dinner)

Join group for dinner at local restaurant  Eat somewhere else without group

**Transportation Information:**

Are you driving?  Yes  No If yes, what time do you plan on arriving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If flying into Burlington or Rutland:

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

Flight Number and Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flight Number and Departure Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Transportation information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GOALS:**

We ask that you answer any **ONE** of the three following questions, so that our staff can get to know you a bit better (use additional paper if needed).

1. What role do sports play in your life?
2. What goals do you have when it comes to skiing or athletics in general?
3. What would you say defines an athlete?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HAVE or HAVE NOT (choose one) consulted my physician or physical therapist regarding my participation in the USABA Winter Sports Festival.

I accept any and all responsibility for anything that might occur to me while participating in this program.

PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in the 12th Annual USABA and Vermont Adaptive Winter Ski Festival! Please mail application, completed Vermont Adaptive client profile, and signed waiver to Vermont Adaptive. If applicable, attach the friends and family form. Contact us if you have any questions.

Vermont Adaptive Ski and Sports

Attn: Tom Alcorn

PO Box 139

Killington, VT 05751

802-353-7584

south@vermontadaptive.org

www.vermontadaptive.org

You are required to sign a waiver and fill out a client profile before participating with Vermont Adaptive Ski and Sports. Forms are attached for your review and completion. Please send with application and payment so we can have your client folder ready when you arrive. Make checks payable to Vermont Adaptive Ski and Sports. If you prefer we can also process debit/credit card transactions over the phone.

**Here is a checklist of what you need to send to us at Vermont Adaptive:**

Our address is PO Box 139, Killington, VT 05751

Your Completed Application, Client Profile and Waiver (additional postage is needed to mail to us)

$290 Participation Fee **(Checks should be made payable to Vermont Adaptive Ski and Sports)**

Participation FeeIncludes:

- Hotel Room for Friday evening until Monday morning (Room is shared with another participant –unless you are willing to pay for ½ room cost in addition to participation fee)

-Pizza, salad and snacks reception on Friday evening

-Saturday and Sunday lunches at the resort(s)

-Saturday, Sunday, Monday breakfasts at hotel

-Saturday and Sunday midday snacks available

-Saturday night banquet dinner

-Skiing Saturday and Skiing/Snowshoeing Sunday (daily lift/trail tickets, rental equipment, private instruction)

**Here is a checklist of what you need to send to USABA:**

Their address is:

United States Association of Blind Athletes, 1 Olympic Plaza, Colorado Springs, CO 80909

Membership fee if your membership is not current. If you need to join USABA you can register at:

www.usaba.org/membership

**If you have Family or Friends attending, you will find the Information needed on the last page. Important info is listed on the next page. You do not need to send these back to us**

**The following two pages are for you to keep – do not submit it back to us with your application. This is designed to answer any questions you may have or topics we haven’t yet covered.**

**FLIGHT AND TRAVEL INFORMATION**

**Be sure to research and book your flight early. Do not make flight arrangements until you have contacted us directly about your possible flight times. The times below are the only shuttles we will have available for Burlington, so please plan accordingly.**

**In order for us to provide you a shuttle from the airport to the hotel, please fly into:**

* Burlington International Airportin Burlington, Vermont [www.burlingtonintlairport.com](http://www.burlingtonintlairport.com)

802-863-2874

* Rutland Southern Vermont Regional Airport in Clarendon, Vermont [www.flyrutlandvt.com](http://www.flyrutlandvt.com)

802-786-8881 **(Please call us directly if you plan on flying into Rutland so we can arrange a shuttle. Flights to Rutland are very limited and inclement weather often grounds flights)**

* Rutland Amtrak Station- The Ethan Allen Express from New York City offers limited service to Rutland VT. This Amtrak station is approximately 10 minutes from our lodging at the Holiday Inn Rutland-Killington Area.

**Shuttle Times**

* Please attempt to make your flight coincide with our shuttle schedule as closely as you can. The shuttle driver will pick you up near your airline’s luggage claim- or as close to the gate as they can get. You must be sure to give your travel info to Vermont Adaptive as soon as you have it scheduled.
* We do our best to be flexible with shuttle times, but please understand that we need to consider the travel itinerary of many people when shuttling from the airport to the hotel.
* Takes approximately 2 Hours to travel from Burlington airport to event location in Rutland VT
* Shuttles leave from Burlington Airport on Friday 2/8/2019 at approximately:
  + 10am
  + 1pm
  + 4pm

**If you are unable to make the shuttle times listed above you will be responsible for finding your own transportation to the hotel.**

* Shuttles leave Hotel to drive to Burlington/Rutland Amtrak/Rutland Airport on Monday 2/11/2019 at approximately:
  + 6am
  + 8am
  + 10am

**We will be happy to suggest alternate travel for you if needed (taxi, private shuttle, train, etc.).**

**MEALS**

* Friday Night
  + Reception Party Dinner included in event costs
* Saturday
  + Snacks available throughout the day
  + Breakfast – Each morning at Hotel included in room fee
  + Lunch at Pico Mountain
  + Dinner – Banquet Dinner Served at Hotel
* Sunday
  + Snacks available throughout the day
  + Breakfast – Each morning at Hotel included in room fee
  + Lunch at Pico Mountain or Nordic ski facility
  + Dinner – you must cover cost!
    - If interested in joining the group at a local restaurant, please indicate on page 4 of the application
    - Meal choices and payment will be collected in advance

Vermont Adaptive Ski and Sports will make the arrangements to reserve rooms for all participants and their family/friends. We have reserved a limited number of rooms and urge you to book early to avoid missing out on this great weekend of skiing. No applications will be accepted after January 9th, 2019.

**We can help direct you to Pico Ski and Snowboard School if any friend or family member with you would like to take lessons while you are out with our instructors. We will not be able to accommodate them on your lesson so please make these arrangements in advance.**

Please don’t make any travel arrangements until we have been notified of your possible flight times and confirmed your application for the event. Space is limited. You may email us at [south@vermontadaptive.org](mailto:south@vermontadaptive.org) or call us directly at 802-353-7584 to receive confirmation on travel plans/shuttle pickup before submitting the application.

Please be sure to inform us if you want your own room – if so you MUST pay for ½ the room costs. Contact us directly for this rate. Otherwise, 1 Room for 3 nights with another participant as your roommate is included in $290 participation fee.

Minors must be accompanied by a parent or guardian. If accompanied by parent or guardian you will be required to pay the additional cost for a private room. Contact us directly for this rate.

Remember Breakfast is included each day.

There is a Swimming Pool so be sure to bring a bathing suit!

The Hotel has a Tavern for your convenience.

Please let us know if you need any special accommodations. There is a wheelchair accessible room if needed.

A fee of $150 will be charged for any reservation cancelled with less than 14 days’ notice. This is to cover any cancellation fees the hotel may charge our organization.

**Family, Friends and Guides Pricing**

If you bring Friends or Family along, here is a breakdown of their costs. Please make and complete one copy for each extra family member, friend or guide. Please send this form in with your application, client profile and waiver. If you are traveling alone, there is no need to send this back to us.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Ski Level (Choose one)**: Beginner Intermediate Expert

**Height**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Weight**:\_\_\_\_\_\_\_\_\_\_\_ **Shoe Size**:\_\_\_\_\_\_\_\_\_\_

**$200 includes all meals & transportation Fee -** Meal and Transport Fee - $200 (12 and under $130)

* Includes transport to and from the airport/train station and to and from the weekend’s events
* Included Friday night Pizza reception dinner, Saturday and Sunday Lunches and the Banquet Dinner on Saturday night (Please choose a banquet meal option below)
* Does not include additional hotel costs

**$100 includes all meals (no transportation) -**  Meal Fee - $100 (12 and under $80)

* Includes Friday night Pizza Reception dinner, Saturday & Sunday Lunches & the Saturday Night Banquet Dinner (Please make selection of meal choices below)
* Does NOT include transportation or hotel costs

**Banquet Dinner Only - $40**  Banquet - $40 (Children’s Choice $25)

* Banquet Dinner Saturday Night

**Dinner Choices (please choose)**

**Saturday 2/9/19: Banquet Dinner will be served with Salad, Rolls and butter, Entrée, Vegetable, Dessert, and Coffee/Tea.**

Chicken  Vegetarian Choice

Fish  Children’s Choice

**SKIING/SNOWBOARDING**

**Discounted Skiing/Snowboarding Tickets - $45 per day - $15 rental also available (per day)**

* Friends and family can ski/ride while others are learning or are in lessons. Please indicate the number of tickets and rentals you will need
* We can put you in touch with Pico Ski/Snowboard School if you would like a lesson. Our lessons are intended only for the participants
* You must fill out a rental form on Friday at the Pizza Reception Party

# of Tickets \_\_\_\_\_ X $45 = $\_\_\_\_\_\_\_

# of Rentals \_\_\_\_\_ X $15 = $\_\_\_\_\_\_\_

**Sunday Nordic Ski/Snowshoe Tickets - $20 per person trail fees - $15 rental also available**

* Friends and family can Nordic ski/Snowshoe while others are learning or are in lessons. To join just indicate the number of tickets and rentals you will need
* You must fill out a rental form on Friday at the Pizza Reception Party

# of Tickets \_\_\_\_\_ X $20= $\_\_\_\_\_\_\_

# of Rentals \_\_\_\_\_ X $15= $\_\_\_\_\_\_\_

**TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**