

(please print)

First Name(s)

Age

Last Name: _____

Address: _____

Phone: _____

Type of Membership (check one)

Adult ski _____

Adult tube _____

Adult combination _____

Student ski _____

Student tube _____

Student combination _____

Family ski _____

Family tube _____

Family combination _____

**Please submit photos, with names on back, when purchasing memberships.
Small school photos work best.*

Annual memberships are non-refundable.