



FERNIE ALPINE RESORT WINTER SPORTS SCHOOL

SPECIALTY PROGRAM REGISTRATION FORM

(Children's weekend programs, Adult multi-week programs)

Customer Id:
Staff Name:

Contact Details

First Name Surname

(Parent / Guardian Details)

Address

Province/State Postal Code

Home Phone Facsimile

Work Phone..... Cell Phone

Email

Local Contact Details Emergency Contact

Please note bookings must be accompanied by full payment.

Please complete all fields.

Program Details

Name of Participant Season Pass Holder? Yes / No

Type of Pass:

Program

Start Date # of weeks Ski or Sb

Child Information:

Child Age Sex: Male / Female Birth Date/...../.....

month day year

Allergies / medical info.....

Ability Level # of years in our programs

Notes

Payment

Money Order Credit Card Card Type Amount \$

Credit Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiry Date/..... Name on Credit Card

Processed By Date

Was this product referred by an instructor?.....Instructor Name

Applicable Coupons or offers(please attach)

(ALL DISCOUNT OR PROMOTION COUPONS MUST ACCOMPANY BOOKING FORM FOR PROCESSING)

Send To

Fernie Alpine Resort	Telephone 250 423 4655
Winter Sports School	Facsimile 250 423 6644
5339 Ski Hill Road, Fernie, BC, V0B 1M6	Email info@skifernie.com

