





Adult Skier Membership Application

Name				Date Age DOB			
Address:							
Phone Number: (home)							
E-mail							
Emergency Contact Nar				Ph	one		
ist all Ski Club Membe							
Name			A	∖ ge	DOB	Skier height	Skier shoe size
1.							
2.							
3.							
4.							
Program Fees for Jump	ing/Nordic Co	mhined 201	7-2013 Space	l nn		<u> </u>	1
Togram rees for Jump	1 skier	2 skiers	3 skiers	4 skiers	5 skiers		
Membership	\$40.00	\$40. ⁰⁰	\$40. ⁰⁰	\$40. ⁰⁰	\$40.00		
Insurance	\$30.00	\$30.00	\$30. ⁰⁰	\$30. ⁰⁰	\$30.00		
Equipment Rental	\$100. ⁰⁰		\$300.00	\$400.00	\$500. ⁰⁰		
Program	\$150. ⁰⁰	\$200.00	\$250. ⁰⁰	\$300.00	\$300.00		
Total	320. ⁰⁰	470. ⁰⁰	620. ⁰⁰	770. ⁰⁰	870. ⁰⁰		
Tax Deductible Donati	on (circle)	\$1.00 / \$5.00 /	\$10. ⁰⁰ / \$20. ⁰⁰) / \$50. ⁰⁰ / \$10	00. ⁰⁰ / Other		
Donated Item:							
Grand Total							
Comments:							
ACKNOWLEDGEMENT (OF AND ASSU	MPTION OF	RISK RELEASI	E form is on t	the back of thi	s application	
Please turn over, fill ou	t and sign. If t	he form is n	ot signed you	ur application	n will not be va	alid. Thank you.	
FOR (OFFICE USE O	NLY:					
Amou	unt Paid		Dat	e			
Mode	of payment:	Cash / C	heck (#)	/ C	redit/Debit (S	guare)	
Squai	e Description _	•	,	·	, ,	' '	
Proce	ssor Name _						
	ssor Phone #						
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