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WINTER YOUTH PROGRAM REGISTRATION

Name: _____ Age: _____
Height: _____ Weight: _____ Boot size: _____
Address: _____ Phone: _____
School: _____
Emergency Contact: _____
(Name, Relationship and Phone Contact)

My child will participate in a 6 week program for: circle appropriate program(s)
ALPINE SKIING SNOWBOARDING SNOW TUBING (child must be at least 44 inches tall)

My child would like to participate in this program on the day circled, starting on: circle day of the week
WEDNESDAY Jan 2, 2008 THURSDAY Jan 3, 2008 FRIDAY Jan 4, 2008

My child would like to participate in a program during: circle time of day
3:30 pm session 4:45 pm session

My child will plan on renting the following equipment: circle all applicable
ALPINE SKIING SNOWBOARDING HELMET

My child would like to enroll in group lesson: circle appropriate lesson
ALPINE SKIING SNOWBOARDING

My child's ability level is: circle most accurate
BEGINNER INTERMEDIATE

6-WEEK PROGRAM COSTS: CHECK all that apply

_____ \$180.00 ALPINE SKI/SNOWBOARD (INCLUDES LIFT TICKET/LESSON AND RENTAL EQUIPMENT)

_____ \$130.00 SKI/SNOWBOARD (INCLUDES LIFT TICKET/ LESSON)

_____ \$30.00 HELMET RENTAL , \$6.00 per week as available

_____ \$78.00 2-HOUR SESSION SNOW TUBING starting no later than 3:45
(INCLUDES TUBE RENTAL AND TUBING PASS)

TOTAL COST FOR CHILD'S PROGRAM:\$ _____

(OVER—>)

**** if you are interested in advanced Alpine Skiing lesson, Telemark, Nordic Classic or Skating style Skiing or Snowshoeing...contact Granite Gorge for lesson/rental information.**

PAYMENT WILL BE MADE: circle one & submit with registration form

CASH **CHECK** **MASTERCARD** **VISA**
(Checks payable to Granite Gorge, LLC)

CARD # _____

SECURITY CODE _____

EXPIRATION DATE _____

NAME AS IT APPEARS ON THE CARD _____

CARDHOLDER'S SIGNATURE _____ **Date** _____

Thank you.

Granite Gorge Ski Area will be contacting you pre-season, regarding the specifics of your child's program.
THINK SNOW!!