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# Basin Racin' Kids Enrollment Form 2009-2010



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

\_\_\_\_Ski Ability # (see attached sheet) \_\_\_\_\_

Any racing experience? \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

\_\_\_\_Ski Ability # (see attached sheet) \_\_\_\_\_

Any racing experience? \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

\_\_\_\_Ski Ability # (see attached sheet) \_\_\_\_\_

Any racing experience? \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ (There is no cell service at the Basin)

E-Mail \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

### **Basin Racin' Kids 4-WEEK SESSIONS**

One Session: \$250.00 Add'l Child: \$220.00

Both Sessions: \$460.00 Add'l Child: \$400.00

*Sessions are not interchangeable.*

Please select all sessions child will be attending

|| Session One: Sunday, Jan. 10, 17, 24, 31

|| Session Two: Sunday, Feb. 14, 21, March 7 and 14

Release of Liability and Enrollment Form must be completed, signed and mailed or faxed with payment, NO LATER THAN DEC. 15, 2009 to: A-Basin, Attn: Guest Services-Basin Racin' Kids:  
FAX: 970-513-5790  
PO Box 5808, Dillon, CO 80435

Total Payment \$ \_\_\_\_\_ Credit Card Type \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCV# \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_

Season Passes are on sale at Pass Office, or arapahoebasin.com. All participants must have a pass or lift ticket.