



TAMARACK CROSS COUNTRY SKI CENTER

TAMARACK GLIDERS

2012 REGISTRATION FORM

Participant's Name: _____ **Age:** _____

Address: _____

Phone: _____
E-mail: _____

Parent/Guardian Name: _____

Emergency Contact: _____
Phone: _____

Medical Conditions, if any _____

Level of XC Skiing **Beginner** **Intermediate** **Advanced**

Glider class: _____ **Friday afternoons 2:00 - 3:00 (5 year old)**
 _____ **Friday afternoons 3:00 – 4:30**
 _____ **Sunday afternoons 2:00 – 3:30**

All completed registration material should be returned to Tamarack Cross Country Ski Center by December 22nd, 2012.

Check in the amount of \$ 90.00 can be made out to: Tamarack Cross Country.

Send to:
Tamarack Cross Country Ski Center
P.O. Box 69
Mammoth Lakes, CA 93546