

OLYMPIC VALLEY FREESTYLE AND FREERIDE TEAM 2009-2010 REGISTRATION FORM

Athlete Name (1) _____ (2) _____
 (3) _____ (4) _____
 Name of Father _____ cell# _____
 Name of Mother _____ cell # _____
 Email(1) _____ (2) _____
 Home phone _____ winter phone _____
 Athlete cell# _____ emergency # _____
 Mailing address _____ apt# _____
 City _____ State _____ Zip _____

Postmarked on or before	July 3	Aug 28	Oct. 1
ABILITY TEAM: ages 15 to 18			
Full Time: Tues-Fri (11-4) plus all wknds and holidays-	\$2250	\$2350	\$2500
Weekend: Sat-Sun (8-3) all weekends and holidays-	\$1800	\$1900	\$2000
DEVELOPMENT TEAM: ages 13 to 15			
Full Time: Tues-Fri (11-4) plus all wknds and holidays-	\$2050	\$2150	\$2250
Weekend: Sat-Sun (8-3) all weekends and holidays-	\$1600	\$1700	\$1850
JUNIOR TEAM: ages 8 to 12			
Full Time: Tues-Fri (11-4) plus all wknds and holidays-	\$1800	\$1900	\$2000
Weekend: Sat-Sun (8-3) all weekends and holidays-	\$1600	\$1700	\$1850
MASTERS TEAM: ages 19 and up			
Full Time: Tues-Fri (11-4) plus all wknds and holidays-	\$2250	\$2350	\$2500
Weekend: Sat-Sun (8-3) all weekends and holidays-	\$1800	\$1900	\$2000

Total (all athletes) \$ _____

VOLUNTEER SURCHARGE: Please see registration letter (per athlete) x \$ **200.00**

DONATION: Squaw Valley Freestyle and Freeride Non Profit Foundation-Donation \$ _____

REGISTRATION TOTAL (all athletes) \$ _____

Payment Information

1. **Check:** (preferred) Ck# _____ Total \$ _____

2. **Credit Card:** (name on card) _____

Visa / Master Card # _____ - _____ - _____

Exp date ___/___ VIN# (on back of card) _____ Total \$ _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Authorized Signature _____ Date _____

Send Registration Form, Volunteer Commitment Form, and USSA form with payment to:
To: OVFFT - PO BOX 2173 - OLYMPIC VALLEY, CA 96146