

# WOMEN'S CLINIC 2023 REGISTRATION FORM

## ONE FORM PER PARTICIPANT

Name:

Current address:

City:

State:

ZIP Code:

Email Address:

Emergency Contact Name:

Emergency Contact Phone #:

## SKIING INFORMATION

**SKIING ABILITY:** *(Please Circle One)*

**RED**  
First Timer

**ORANGE**  
Little Bear/Stopping &  
Turning

**YELLOW**  
Little Bear/Link Turns

**GREEN**  
Deer Run

**BLUE**  
Deer Run; Utah via Chicken  
Ridge

**PURPLE**  
Utah; bottom Tuscarora

Preferred trail/terrain at Tussey?    Beginner Slope/Little Bear    Trail/Deer Run    Utah/Lower Tusc    Upper Tusc

## SKIER ABILITY

Describe your turning:    WEDGE    COMBO (Some Wedge, Some Parallel)    FULLY PARALLEL

Describe your stopping:    FALL    WEDGE    COMBO (Wedge/Hockey)    HOCKEY STOP (Parallel)

## MORE INFORMATION

If you participated in a program last season, what skill level or instructor?

Please tell us your goals for this program or anything you'd like our instructors to know:

## RENTAL INFORMATION

Height (ft & in)

Weight (lbs)

Shoe Size

## PAYMENT/FEES\*

***Circle One:*    SUNDAY (1PM-3PM) or TUESDAY (12PM-2PM) or EITHER DAY**

<b>PROGRAM</b>	<b>Tuition + Lift</b>	<b>Season Pass Holder Rate</b>	<b>Add Rentals</b>	<b>Total Amount</b>
Women's Clinic	\$375	\$210	\$75	

## FOR OFFICE USE ONLY

PAYMENT TYPE:

AMOUNT

DATE:

FORM/PAYMENT TAKEN BY:

**MAIL FORM AND PAYMENT TO: TUSSEY MOUNTAIN,  
P.O. BOX 885, BOALSBURG, PA 16827**

**\*Programs are non-transferable and there will be no refunds or make up dates for missed lessons\***  
**\*We can not guarantee everyone can get into the program. Some students will be waitlisted once our capacity is reached. It is a first-come-first-serve basis\***