

**A VAIL SKI AND SNOWBOARD SCHOOL PROGRAM
FOCUSED LEARNING ALUMNI - MOUNTAIN CAMPS
REGISTRATION & SKIER PROFILE FORM, 2017-18**

Please return by: Email ifranberg@vailresorts.com or FAX: 970-754-4315

REGISTRATION INFORMATION

Today's Date _____

Skier's Name: _____
Email: _____
Phone numbers: _____
Mailing address: _____

PLEASE INDICATE YOUR CAMP PREFERENCE (You may sign up for one or all)

Mountain Camps – Launch your season!	_____ Dec. 13-15
Mountain Camps – Back Bowls – Explore and Enjoy	_____ Jan. 17-19
Mountain Camps – Back Bowls – Powder and More	_____ Feb. 7-9
Mountain Camps – Condition of the Day	_____ Feb 28-March 2

Cost for each camp is \$650 (This is for the camp only – lift tickets are not included.)

BILLING PROCESS: Your credit card will be charged the full price of \$650 on the first day of camp.

We will confirm your booking with an e-mail. At that time we will attach a credit card authorization form. Please, complete and return this form to Ingie Franberg, Specialty Programs Supervisor, via fax to 970-754-4315.

For questions please contact Ingie at 970-754-4311 or e-mail ifranberg@vailresorts.com

Group Size: 4 to 7 skiers. If there are less than 4 in your group two weeks from the start date, you will be notified that we may cancel the group in the next few days or offer you to take the Small Group Workshop.

Are there alumni campers who are registering that you have communicated with and want to ski in the same group? Please list names.

_____	_____
_____	_____
_____	_____

Comments:

SKIER PROFILE INFORMATION

Please answer the following questions so that we can determine what group will be most appropriate for your skiing ability and goals. Please comment on your general skiing, we can make adjustments when we are all on snow.

****What year did you last participate in a Focused Learning program?**

_____ or Not Yet _____ .

(Circle your answer)

1. Rate your skiing level. Intermediate Advanced Expert

2. How many days do you ski in a typical season? 10 or less 11 - 20 more than 20
3. Rate your confidence (**1 = not confident** to **5 = very confident**)

	Blue Trails	Black trails
Groomed	1 2 3 4 5	1 2 3 4 5
Bumps	1 2 3 4 5	1 2 3 4 5
Powder (10 inches or less)	1 2 3 4 5	1 2 3 4 5

4. Generally when you ski, are you:

Aggressive? _____Deliberate / thoughtful? _____Conservative? _____

5. Indicate the % of a typical ski day you would spend skiing: Groomed _____ Bumps _____ Powder _____

6. Do you typically ski a . . . Full Day? _____ Partial Day? _____

7. Please comment on your physical condition.

8. Are you recovering from or concerned about injuries, lack of conditioning, etc.? Please explain.

9. Please offer information about your ski equipment.

How old are your skis?

How old are your boots?

Do you have custom footbeds?

10. Please describe some of your goals in skiing and your expectations for this Camp.

And finally, please share any other thoughts that will help us form groups. (Use the reverse side if necessary.)