

HER TURN REGISTRATION FORM. 2017/2018 SEASON.

Your name:			
Home addre	ss:		
E-mail:			
Telephone:	Home:	Cell:	
Discipline:	Alpine:		
Session:	February 2-4	February 23-25	
Product:		Vail Resort Emp/Depo	endant:
*For ski rentals go	to <u>www.rentskis.com/h</u>	<u>erturns</u> to make reserva	tions.
		Intermediate Blue/groomed black	
Ski style: Conserva	ative 1 2	3 4 5_	Aggressive
Have you participate	ed in Her Turn before?	If yes, when?	
What are your goals	for the three days?		

Please email your registration form to <u>ifranberg@vailresorts.com</u>. Or fax to 970 754 4315. We will confirm your booking with an e-mail or call from the Vail Snowsports School. At that time we will also ask for your payment information. A detailed agenda will be e-mailed, faxed or sent approximately a week before the session starts. Thank you!