MAMMOTH MOUNTAIN SKI & SNOWBOARD TEAM

P.O. Box 24

Mammoth Lakes, CA 93546

760-934-0795 / Fax 760-934-0641

E-mail: plonza@mammothresorts.com

Registration Form 2016/17

Athlete NAME				
MAILING ADDRESS_				
CITY		STATE	ZIP	
PHONE		AGE GI	ENDERGRADE	
DATE OF BIRTH		E-MAIL ADDRESS_		
USSA CLASS	Master u 21 (98 & older) u 19 (99/00) u 16 (01/02) U 14 (03/04) u 12 (05/06) u 10 (07/08) SNB/FR			
Please check the da	ates of the camp(s) you v	vill be attending:		
May 6 & 7 SL (mm,	U10,12,14) May 1	3 & 14 GS Camp (mm,U10,12,	14) May 13 & 14 S	SL (U 16+)
May 20 & 21 SL (m	m,U10,12,14) May 2	20 & 21 GS U16+May 2	27-29 Speed Camp (U16+)
		23 all ages June 23 – 26		
July 17 – 23 Team 1	Tech Camp all ages			
NAME OF PARENTS				
CELL PHONE		Parent's email		
LOCAL PHONE				
Please sign a Releas	se of Liability Form and a	Parental Authorization Form.		
DESCRIPTION		DUE	PAID	