

- 1) Print this page
- 2) Read booking conditions
- 3) Fill in all information
- 4) Include payment or payment information
- 5) Mail to:

**From November 1st - Please send to:**

Snowperformance LLC  
16810 crystal Drive E  
Crystal Mountain  
WA 98022

**After April 15 - Please send to:**

Snowperformance LLC  
1308 18th Street  
Hood River  
Oregon 97031

**Snow Performance Registration Form**

Camp or course Name and Date \_\_\_\_\_

Name Last/First/M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Ability Level, terrain \_\_\_\_\_

Adult or child age \_\_\_\_\_

Phone number \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact  
Name and number \_\_\_\_\_

**Does this person carry a health care power of attorney for the client. \_\_\_\_\_?**

Room requirements  
if applicable \_\_\_\_\_

Payment method \_\_\_\_\_

Card Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

**\*All Cards add 3.5%**

Card Number \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Security 3 digit code on signature side \_\_\_\_\_

Card holder's signature \_\_\_\_\_

I enclose a check (Checks payable to Snowperformance LLC.)

Or here by authorize payment by my credit card

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please state any special needs, medical conditions we should be aware of or preferences on back side of form**

**\*Full payment is required at least 30 days from start date\***

**[\\*Important click here for Snowperformance booking conditions](#)**