



REGISTRATION FORM - 2024 PRESEASON TRAINING

TODAY'S DATE	CONTACT
TEAM NAME	COACH NAME
ADDRESS	
CITY	PROVINCE/STATE
COUNTRY	POSTAL/ZIP CODE
PHONE	EMAIL

(If International please include country code and complete phone numbers)

NUMBER IN GROUP

ATHLETES	COACHES
AGE GROUP	

REQUESTED DATES

FIRST DAY TRAINING ON MOUNTAIN	
LAST DAY TRAINING ON MOUNTAIN	
NUMBER OF PLANNED DAYS OFF	
TOTAL NUMBER OF TRAINING DAYS (-DAYS OFF)	

SPECIAL REQUESTS / NOTES:



Please indicate the times and discipline you require,. *Use another sheet as required.*

Use the following codes:

GS – Giant Slalom, **SL** – Slalom, **FS** – Free Skiing

BA – Bunny Hill Park, **BA** – Big Air, **SS** – Slopestyle, **OFF** – Days Off

	DATE	AM	PM	BREAKFAST	LUNCH	NOTES
<i>example</i>	Nov 9, 2024	BA	BH	YES	YES	
DAY 1						
DAY 2						
DAY 3						
DAY 4						
DAY 5						
DAY 6						
DAY 7						
DAY 8						
DAY 9						
DAY 10						
DAY 11						
DAY 12						
DAY 13						
DAY 14						
DAY 15						
DAY 16						

770 Mt. Sima Road, Whitehorse, Yukon Y1A 0A8

Tel: (867) 668-4557

mountsima.com



A non-refundable 10% deposit is required to hold and assure the event date. If services are not rendered as indicated, the quote will be altered to reflect the correct amount on the final invoice. If the event is canceled altogether by Mount Sima the amount will be refunded.

I have read and understand the stated terms, conditions, rates, policies, and procedures, and agree to abide by them.

DATE	SIGNATURE OF COACH/CONTACT
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Postseason Sign Off (for office use)

FORM RECEIVED ON	ORDER #
APPROVED BY	
10% DEPOSIT PAID	TOTAL FEES