



REGISTRATION FORM

Parent/Guardian Name(s): _____

Phone: _____ cell home

Address: _____

City/State/Zip: _____

e-mail address: _____

Emergency Contact Person: _____

Emergency Phone: _____

Which Club location are you joining? _____

Volunteer? (Coaching, treats, bib organizer, other):

Children's Names:

1st Child: _____

Date of Birth _____ Skill Level _____ M or F

2nd Child _____

Date of Birth _____ Skill Level _____ M or F

3rd Child _____

Date of Birth _____ Skill Level _____ M or F

I child = \$25, 2 children = \$50, 3+ children = \$60.....\$ _____

Additional Donation.....\$ _____

GRAND TOTAL\$ _____

Checks payable to:
MN Youth Ski League
PO Box 14132, St Paul MN 55114

SIGNED WAIVER MUST ACCOMPANY REGISTRATION