



TAMARACK CROSS COUNTRY SKI CENTER

TAMARACK GLIDERS

2008 REGISTRATION FORM

Participant's Name: _____ **Age:** ____

Address: _____

Phone: _____

Parent/Guardian Name: _____

Emergency Contact: _____

Phone: _____

Medical Conditions, if any _____

Glider class: _____ **Friday afternoons 3:00 – 4:30**
_____ **Sunday afternoons 2:00 – 3:30**

All completed registration material should be returned to Tamarack Cross Country Ski Center by December 22nd 2007. Check in the amount of \$ 75.00 can be made out to: Tamarack Cross Country. Send to:

Tamarack Cross Country Ski Center
Attn. Nancy Fiddler
P.O. Box 69
Mammoth Lakes, CA 93546