

**A VAIL SKI AND SNOWBOARD SCHOOL PROGRAM  
FOCUSED LEARNING ALUMNI - MOUNTAIN CAMPS  
REGISTRATION & SKIER PROFILE FORM, 2018-19**

Please return by: Email [ifranberg@vailresorts.com](mailto:ifranberg@vailresorts.com) or FAX: 970-754-4315

**REGISTRATION INFORMATION**

Today's Date \_\_\_\_\_

Skier's Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone numbers: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE INDICATE YOUR CAMP PREFERENCE** (You may sign up for one or all)

- |  |                         |
|--|-------------------------|
| <b>Mountain Camps – Launch your season!</b>            | _____ <b>Dec. 11-13</b> |
| <b>Mountain Camps – Back Bowls – Explore and Enjoy</b> | _____ <b>Jan. 15-17</b> |
| <b>Mountain Camps – Back Bowls – Powder and More</b>   | _____ <b>Feb. 5-7</b>   |
| <b>Mountain Camps – Condition of the Day</b>           | _____ <b>Feb. 26-28</b> |

**Cost for each camp is \$685** (This is for the camp only – lift tickets are not included.)

**BILLING PROCESS:** Your credit card will be charged the full price of \$685 on the first day of camp. We will confirm your booking with an e-mail. At that time we will attach a credit card authorization form. Please, complete and return this form to Ingie Franberg, Specialty Programs Supervisor, via fax to 970-754-4315. For questions please contact Ingie at 970-754-4311 or e-mail [ifranberg@vailresorts.com](mailto:ifranberg@vailresorts.com)

**Group Size: 4 to 7 skiers.** If there are less than 4 in your group two weeks from the start date, you will be notified that we may cancel the group in the next few days or offer you to take the Small Group Workshop.

**Are there alumni campers who are registering that you have communicated with and want to ski in the same group?** Please list names.

_____	_____
_____	_____
_____	_____

**Comments:**

# SKIER PROFILE INFORMATION

Please answer the following questions so that we can determine what group will be most appropriate for your skiing ability and goals. Please comment on your general skiing, we can make adjustments when we are all on snow.

\*\*What year did you last participate in a Focused Learning program?

\_\_\_\_\_ or Not Yet \_\_\_\_\_.

(Circle your answer)

1. Rate your skiing level.                                Intermediate    Advanced    Expert
2. How many days do you ski in a typical season?                10 or less        11 - 20        more than 20
3. Rate your confidence (1 = not confident    to    5 = very confident )  

	<b>Blue Trails</b>	<b>Black trails</b>
Groomed	1 2 3 4 5	1 2 3 4 5
Bumps	1 2 3 4 5	1 2 3 4 5
Powder (10 inches or less)	1 2 3 4 5	1 2 3 4 5
4. Generally when you ski, are you:  
Aggressive? \_\_\_\_\_ Deliberate / thoughtful? \_\_\_\_\_ Conservative? \_\_\_\_\_
5. Indicate the % of a typical ski day you would spend skiing: Groomed\_\_\_\_\_Bumps\_\_\_\_\_Powder \_\_\_\_\_
6. Do you typically ski a . . .    Full Day?\_\_\_\_\_    Partial Day? \_\_\_\_\_
7. Please comment on your physical condition.
8. Are you recovering from or concerned about injuries, lack of conditioning, etc.? Please explain.
9. Please offer information about your ski equipment.  
How old are your skis?  
How old are your boots?  
Do you have custom footbeds?
10. Please describe some of your goals in skiing and your expectations for this Camp.

And finally, please share any other thoughts that will help us form groups. (Use the reverse side if necessary.)