

**2009-2010 Bridger Ski Foundation Alpine Program
Registration for Fall Dryland & Wednesday PM Programs**

Athlete Information:

Name _____ Birth Date/Age _____
Cell Phone _____

Parent/Guardian Information:

Parent/Guardian Name(s) _____
Home Address _____ City, State _____ Zip _____
Billing address (if different) _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-Mail _____

We will send email updates to only one email address per family

BSF Membership Information

Member Name (individual) or Head of Household (family) _____
(Membership is required for participation in ski season programs. Non BSF members may register for Fall Dryland and pay the non-member fee)

FEES: (must be paid in full at registration)

FALL DRYLAND
_____ \$230 BSF Member
_____ \$250 Non-Member

WEDNESDAY PM TRAINING
_____ \$200

PAYMENT SUMMARY:

Program fees from above \$ _____
\$ _____
\$ _____

Donation in lieu of volunteering

BSF Alpine fundraising keeps fees as low as possible—an additional \$50 per athlete must be raised just to cover program costs. Fundraising events which bring necessary revenue to the club require the assistance of many, much-appreciated volunteers. A "Volunteer Questionnaire" must be completed and submitted with registration. Families should consider making a tax-deductible donation if they will not be able to volunteer.

Total Payment Included with Registration \$ _____

Make checks payable to BSF Alpine. Payment must be received in full at registration. You may also pay with Visa/Master Card
Visa/MC number _____ Expiration date _____

I have read the BSF Alpine Handbook (see at bridgerskifoundation.com/alpine/alpine_forms) and reviewed it with my athlete. We agree to abide by all policies within the Handbook. I agree to pay the training fees indicated above along with any additional expenses for camps, travel, and all race fees when billed, and understand that late payments will be subject to a \$25 late payment fee. If credit card number is listed above, I authorize the program fees and/or donation indicated to be charged to my account.

(Parent/Guardian Signature and Date)

Registration Checklist*:

- _____ This registration form
- _____ BSF Liability Release form
- _____ Bridger Bowl Liability Release form
- _____ Medical Release form
- _____ BSF Membership for 2009-2010 (1 per family)
- _____ Volunteer Questionnaire (1 per family)

** All above forms can be found at http://bridgerskifoundation.com/alpine/alpine_forms*

Mail completed forms along with payment to:

BSF Office, P.O. Box 1243, Bozeman, MT 59771-1243

Registration is not complete until all forms have been received by BSF. Thank you!