

BLUEWOOD ALPINE RACE TEAM

ENROLLMENT FORM

Name_____

Address_____

City_____State_____Zip_____

D.O.B._____ Male____ Female____

Athlete email address_____

Parent email address_____

Father name_____

Mother name_____

Home phone_____

Work phone_____

Cell phone_____

Emergency Contact_____

Relationship to Athlete_____

Emergency Contact Phone_____

Please select one:

One day Saturday _____ Cost \$499

One day Sunday _____ Cost \$499

Both days _____ Cost \$599

There is a 10% discount for each additional athlete for those families with more than one child in the program.

Please make checks payable to:

Bluewood Alpine Race Team

500 Struthers Road

Prescott, WA 99348