

Mail to: Snow Camp! 27875 White River Rd. Leavenworth, WA 98826
fax: 509 763-1227 ph: 509 763-3127

Yes! Sign me up for:

High School Snow Camp December 27-30 Deposit \$40 ; Total fee \$150
Do you plan to go skiing/snowboarding at Stevens Pass? ___no ___yes (include \$5)

Family Holiday Getaway: anytime Dec 27 to Jan 3: please list arrival and departure dates
and desired meals: _____
\$20/night/person; Breakfast:\$5, Lunch \$6, Dinner \$7 , Brunch (Dec 30) \$10 (5-10 yrs ½ price; 0-4 free)

Name(s)/grade _____

Address _____

Email _____ Phone _____

Parent/Guardian _____ Emergency # _____

Payment enclosed \$ _____ check # _____ Visa MasterCard

Card # _____ Exp. Date _____

Card Signature _____

MEDICAL INFORMATION

Regular Medication _____

Activity Restrictions _____

Allergies _____

Accident/Health Insurance _____

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the Camp Director to secure proper treatment or to hospitalize, to order injections, transfusion, anesthesia or surgery for my child. I further agree that I will not hold Tall Timber Ranch or the Presbytery of Central Washington or North Puget Sound, their agents or employees, responsible for any accident or injury arising out of my child's participation during the time period described in this registration.

Signature & date _____