



Resorts of the Canadian Rockies inc.

**TRAINING LANE REGISTRATION FORM**

Today's Date \_\_\_\_\_ Contact Name \_\_\_\_\_  
Team Name \_\_\_\_\_ Coach Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
(if international, please include country code and complete phone and fax numbers)

Number in Group: Racers \_\_\_\_\_ Coaches \_\_\_\_\_ **LUNCHES** : Yes \_\_\_\_ No \_\_\_\_

Requested Dates: First day training on mountain \_\_\_\_\_  
Last day training on mountain \_\_\_\_\_

Planned days off: \_\_\_\_\_ Total number of training days: \_\_\_\_\_ (total number of training days minus days off)

Please indicate AM, PM or NIGHT sessions and type of training you request with the number of people.  
Use the following codes: GS - Giant Slalom, SL - Slalom, FS - Free Skiing, Off - Days Off.

	DATE	AM SESSION	PM SESSION	NIGHT SESSION	# RACERS
<b>SAMPLE</b>	Dec 1	GS	SL	GS	15
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					
Day 8					
Jour 9					
Jour 10					

	DATE	AM SESSION	PM SESSION	NIGHT SESSION	# RACERS
	Dec 15	GS	SL	GS	12

I have read and agree to the stated terms, conditions and rates : \_\_\_\_\_

Name in block letters : \_\_\_\_\_

Signature of contact-coach

PLEASE FAX THIS FORM TO :

GROUP SALES

Fax : 1 (418) 848-1133

Tel : 1 (800) 463-6888 #572

<input type="checkbox"/> Amex	<input type="checkbox"/> Master	<input type="checkbox"/> Visa
Card holder name:		
Number:		
Expiration / date :        /        /		
<b>SIGNATURE:</b>		