



LOVELL CAMPS

APPLICATION FOR RACE AND FREESTYLE CLINICS 2011 - 2012

Family Name: _____ First Names: _____

Name Used: _____ Sex: Boy Girl

Nationality: _____ Date of Birth: _____
(Day/Month/Year)

Please Check: Boarder Day Student 1st Language: _____

2nd Language _____

Name of Parent or Guardian: _____

Mailing Address:

Line 1: _____

Line 2: _____

City: _____ Post Code: _____

Country: _____ Email: _____

Telephone: _____ Fax: _____

Mobile: _____ Web: _____

Please Select: <input type="checkbox"/> Race Clinic <input type="checkbox"/> Freestyle Clinic		Ski Ability: 1 = New to racing or freestyle 5 = Advanced & Experienced
Session(s): <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<i>(can do multiple)</i> (18.12-23.12.2011) (02.01 - 07.01.2012)		

*** Beginner and inexperienced skiers should sign up for regular camp sessions.**

With language lessons: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language(s) required: <input type="checkbox"/> English (ESL) <input type="checkbox"/> French
	<input type="checkbox"/> Remedial English <input type="checkbox"/> German

This is to certify that I have read and agree to the '2011/12 Race and Freestyle Admissions and Information' for winter camp, and that if this application is accepted by Lovell Camps, I will pay the camp fees in accordance with the terms. I understand that no portion of the registration deposit will be refunded unless written notice indicating that the above-mentioned camper will be unable to attend, is received by the camp on or before November 25, 2011. I understand and agree that no reduction in fees or allowance will be made for my children's temporary absence, withdrawal or dismissal from camp.

Date: _____ Signature: _____