



23rd Annual Ability Ski Challenge – Saturday, March 5, 2011
Park City Mountain Resort
Team Roster

Your friends and family can help raise money to support the NAC. Check out the new online registration and fundraising option at DiscoverNAC.org.

Team Name _____
 Team Captain _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone (Day) _____ Phone (Evening) _____
 Email _____



Team Members

Skier Name _____
 Phone (Day) _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Sweatshirt Size _____

Skier Name _____
 Phone (Day) _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Sweatshirt Size _____

Skier Name _____
 Phone (Day) _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Sweatshirt Size _____

Skier Name _____
 Phone (Day) _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Sweatshirt Size _____

Number of lift tickets needed to Park City Mountain Resort: _____ *(Racers only)*

Please return this form to: National Ability Center - Post Office Box 682799, Park City, Utah 84068 Fax 435.658.3992
 For more information, please call contact Kristi at 435.649.3991 ext. 613 or kristib@DiscoverNAC.org

Thank you for your support of the NAC and for helping us *Provide Opportunities to Discover Abilities.*

