

Retro Competition of Olympic Proportions!

Canadian Ski Patrol System Mountain Division- First Aid and Toboggan Competition



Mountain Resort, Alberta

March 6, 2010



Team Registration Form

(See next page for Individual, Examiner and Volunteer Form)

Please print clearly, ensuring information is correct, and mail with payment to the address below

Team Name: _____

Zone: _____ Patrol: _____

Competition Category: (please check one or both)

First Aid: Open Rookie Mountain

Toboggan: Open Rookie Mountain

Team Member Individual Names:

1. _____ (Captain)

2. _____

3. _____

4. _____ (Examiner) First Aid On-Hill

5. _____ (Volunteer)

Team Contact Information:

(All correspondence from Competition Organizers will be directed to your Team Representative)

Team Representative's Name: _____

Address: _____

City: _____ Telephone: _____

Postal: _____ Fax Number: _____

Email Address: _____

Registration Fees:

- \$120 for each Team Member. Which includes competition, Friday night social, Saturday breakfast, Saturday lunch, Saturday lift ticket, and Saturday banquet/dance.
- \$130 for each Team(3) Member. Which includes competition, Friday night social, Saturday breakfast, Saturday lunch, Saturday lift ticket, and Saturday banquet/dance.

ACCOMODATIONS MUST BE BOOKED ON YOUR OWN. SEE ACCOMODATIONS SHEET.

Total (\$120 x number of team members) \$ _____

Please print out or email registration form and mail with cheque payment to the address listed below

For More information:

If you have any questions, please contact Dr. Lance Barclay, Registration Coordinator, at email dclarclay@shaw.ca (403) 380-2835



Individual Patroller, Examiner & Volunteer Registration Form

Please print and fill out the form, ensuring information is correct, and mail with payment to the address below. This is only for competition registration only, please book your own accommodation.

ACCOMODATIONS MUST BE BOOKED ON YOUR OWN. SEE ACCOMODATIONS SHEET.

Individual Name: _____

Role (choose one): Competitor Patroller Examiner Guest Volunteer Other

Zone: _____ Email Address: _____

Address: _____

City: _____ Postal: _____ Telephone: _____

Additional Information: _____

Individual Name: _____

Role (choose one): Competitor Patroller Examiner Guest Volunteer Other

Zone: _____ Email Address: _____

Address: _____

City: _____ Postal: _____ Telephone: _____

Additional Information: _____

Individual Name: _____

Role (choose one): Competitor Patroller Examiner Guest Volunteer Other

Zone: _____ Email Address: _____

Address: _____

City: _____ Postal: _____ Telephone: _____

Additional Information: _____

Individual Name: _____

Role (choose one): Competitor Patroller Examiner Guest Volunteer Other

Zone: _____ Email Address: _____

Address: _____

City: _____ Postal: _____ Telephone: _____

Additional Information: _____

Individual Name: _____

Role (choose one): Competitor Patroller Examiner Guest Volunteer Other

Zone: _____ Email Address: _____

Address: _____

City: _____ Postal: _____ Telephone: _____

Additional Information: _____



Registration Fees

- \$120 for each Team(5) Member (Volunteer and Examiner included). Which includes competition, Friday night social, Saturday breakfast, Saturday lunch, Saturday lift ticket, and Saturday banquet/dance.
- \$130 for each Team(3) Member. Which includes competition, Friday night social, Saturday breakfast, Saturday lunch, Saturday lift ticket, and Saturday banquet/dance.

ACCOMODATIONS MUST BE BOOKED ON YOUR OWN. SEE ACCOMODATIONS SHEET.

Total From above \$ _____

Please print out registration form and mail with cheque payment to the address listed below

For More information:

If you have any questions, please contact Dr. Lance Barclay, Registration Coordinator, at email dcbarclay@shaw.ca (403) 380-2835

Please return completed Form and registration fees no later than **February 1, 2006** to:
CSPS Southern Alberta Zone
c/o Dr. Lance Barclay
804 Redcrow Blvd. West, Lethbridge, AB, T1K 7M4