



**"15 Below" Event  
Sign-Up Form**

**Participants & sponsors -  
please read & complete  
all sections.**

**EVENT: #726 - "BRING IT ON" RIDE & SLIDE EVENT**

**EVENT FEE: \$155.00**

**EVENT DATES: December 12-13, at Killington, VT SIGN-UP DEADLINE: November 20, 2010**

**NOTE: This event is open to all youth aged 10 – 15 and sponsored by a PSIA-E/AASI member. Participants must be able to comfortably ski/ride blue terrain (at minimum) at the hosting resorts to participate in "15 Below" events.**

ATTENDEE NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female  
Circle one

ADDRESS: \_\_\_\_\_  
Street/Box  
\_\_\_\_\_  
City State Zip

HOME PHONE: ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

WILL YOU BE SKIING OR SNOWBOARDING AT THIS EVENT? **Skiing** **Snowboarding** Please circle.

WHAT IS YOUR HOME MOUNTAIN? \_\_\_\_\_

PAYING BY CHECK  CHECK #: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

**OR please charge to: MasterCard  or Visa  Exp. Date: \_\_\_\_\_**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cardholder Signature \_\_\_\_\_

**Make payment to PSIA-E/AASI. Mail or fax to: PSIA-E/AASI, 1-A Lincoln Ave, Albany, NY 12205  
Fax# (518)452-6099 Phone: (518) 452-6095**

**All event attendees & sponsors must sign the following Release Form:**

Recognizing that skiing can be a hazardous sport, I hereby release PSIA-E, PSIA-E/EF, AASI, the host area, and agents and employees of each from liability for any and all injuries of whatever nature arising during, or in connection with the conduction of the event for which this application is made. **As the sponsor, I agree to be responsible for all elements of the participant's attendance at the event.**

Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Name & PSIA/AASI Member #: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if different): \_\_\_\_\_ Date: \_\_\_\_\_

**Sign-up form must be received by event deadline. Sorry, no walk-ins.**

**ADMINISTRATIVE CHARGES**

**NO-SHOWS:** Regardless of reason .....50% of fee

**CANCELLATIONS:** Up to one week prior to event.....\$20.00

During the week prior to event (notice given no later than 4:30 PM on the last business day before event)...50% of fee

**RETURNED CHECKS/DECLINED CHARGES:** Checks returned for insufficient funds will not be redeposited.

Registrant's application will be voided unless such checks or charges are replaced by certified check, money order or cash prior to the event. For returned checks, this must include a processing charge of \$25.00.