

2017/2018 RETURNING RANGER

Name: _____ Employee Number _____
Last First Office use only

PLEASE FILL IN THE BELOW REQUESTED INFORMATION:

Street Address: _____

City _____ State _____ Zip _____

Cell Phone #: _____ Home Phone # _____

E-mail address: _____ **PLEASE PRINT CLEARLY !**

In case of emergency contact: _____ Phone# _____

____ Yes, I would like to return as a Mount Southington Ranger. I will adhere to all the policies and procedures set forth by management.

____ No, I will not be returning as a Ranger this year. *Please return your jacket as soon as possible.*

Will you need a season pass for a member of your family? YES _____ NO _____

----- The **number** of season passes you are requesting: ----- _____

____ Yes, I will keep the same shift as last year

____ No, I am requesting a shift change from last year's shift. I have filled out the attached form or emailed my requests to office@mountsouthington.com

SIGNED: _____ **DATE:** _____

*****Must be returned by October 24th 2017*****