



# Pay Per Visit Group Calendar 2019-2020 Season

Group Name \_\_\_\_\_

Coordinator's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Best Phone Number(s) \_\_\_\_\_ / \_\_\_\_\_

Email Address(es) \_\_\_\_\_ / \_\_\_\_\_

*(E-mail is our primary means of communication)*

Approx. # of participating skiers \_\_\_\_\_ Approx. # of participating snowboarders \_\_\_\_\_

*Please circle date(s) you would like to reserve.*

December 2019							January 2020							February 2020							March 2020						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1				1	2	3	4							1	1	2	3	4	5	6	7
1	2	3	4	5	6	7	5	6	7	8	9	10	11	2	3	4	5	6	7	8	8	9	10	11	12	13	14
8	9	10	11	12	13	14	12	13	14	15	16	17	18	9	10	11	12	13	14	15	15	16	17	18	19	20	21
15	16	17	18	19	20	21	19	20	21	22	23	24	25	16	17	18	19	20	21	22	22	23	24	25	26	27	28
22	23	24	25	26	27	28	26	27	28	29	30	31	23	24	25	26	27	28	29	29	30	31					
29	30	31																									

During Holiday Periods there is VERY limited availability for group activity (shaded dates). 'Night' session is always available.

**\*\*\*\*\* VISIT SESSION (please check one) \*\*\*\*\***

- \*Weekday/Non-Holiday  10am - 6pm       10am - 2pm
- \*Weekend & Holiday     9am - 5pm       9am - 1pm       1pm - 5pm
- \*Sunset     3pm - 8pm
- \*Night     5pm - 10pm

Estimated Group Arrival Time \_\_\_\_\_

~Would you like to offer your group online pay? YES NO

(You will be able to see what package type they purchased. A completed tally sheet is still required.)

~Would you like all forms emailed to you? YES NO

\*Best email address \_\_\_\_\_

**Please Return This Form at Least 72 Hours Before Your Visit to Receive Confirmation and Reserve Your Dates(s)**

**Fax: 860-621-1833      Mail: PO Box 347, Southington, CT 06489**

**Email: Andrea@mountsouthington.com**

**Office Use:**

Received \_\_\_\_\_ Material Mailed \_\_\_\_\_ Dates Confirmed \_\_\_\_\_ Calendar \_\_\_\_\_ PC \_\_\_\_\_ labels \_\_\_\_\_