

Ski Mount Southington

Thrills made locally!

~Pre-Paid Multi-Week Group Calendar~ 2018-2019 Season

Group Name _____

Coordinator's Name _____

Preferred Mailing Address _____

Best Phone Number(s) to Contact You _____ / _____

Email Address(s) _____ / _____

(Email is our primary means of communication)

Approx. # of: skiers ___ snowboarders ___ Need a Mondo Foot Measuring Board? Yes No

******Coordinator Perk! One 2018-2019 Season Pass Voucher will be issued to the GROUP COORDINATOR of a Pre-Paid group that schedules and prepays for 5 or more visits during the season and has 15 or more paying participants. ******

Please circle 5 or more dates below to request for your group.

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

*NO Sunset School Group Visits New Year's Day (1/1), MLK Jr. Day (1/21), or Feb Break (2/18-2/19).
Night visits are always available.*

Session Request

(please check one)

_____ *Sunset* - 3pm to 8pm (Mon - Fri)

_____ *Weekend All Day* - 9am to 5pm

Estimated Group Arrival Time _____ PM

_____ *Night* - 5pm to 10pm

_____ *Homeschool* - 10am to 3pm (Mon - Fri)

Registration Form Request

(please check one)

_____ Send registration forms/waivers

_____ Send waivers only, we use our own forms

Online Payment Option Request

(please check one)

_____ Allow participants to pay online

_____ DO NOT allow participants to pay online

PLEASE RETURN THIS FORM ASAP TO RESERVE YOUR DATES!

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

Email: Andrea@mountsouthington.com

OFFICE USE:

Received _____	Dates Confirmed _____	Materials Mailed _____	Calendar _____	PC _____	SC _____	Labels _____	SP _____
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