

2018/2019 RETURNING RANGER

Name: _____ Employee Number _____
Last First Office use only

PLEASE FILL IN THE BELOW REQUESTED INFORMATION:

Street Address: _____

City _____ State _____ Zip _____

Date of Birth ____/____/____

Cell Phone #: _____ Home Phone # _____

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

In case of emergency
contact: _____ Phone# _____

**If you are resigning from the program please send an email to
office@mountsouthington**

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 emailed my
requests to office@mountsouthington.com

SIGNED: _____

DATE: _____

*****Must be returned by October 16th 2018*****