

Telluride Adaptive Sports Program / Disabled Sports USA
2010 "Expand Your Horizons!" Ski Camp • Feb 1 – Feb. 4, 2010
(Travel dates Sunday, January 31 and Friday, February 5 2010)

| | | | |
|---|-----------|---------------------------------|--|
| Name: | | Age/DOB: | |
| Address: | | Male Female | |
| City, State: | | Zip: | |
| Phone H: | W: | Fax: | |
| E-mail: | | Cell: | |
| Emergency Contact: | | #: | |
| Disability & involvement (include date of onset): | | | |
| Any recent surgeries/complications? | | Mobility equipment used: | |
| Medication: YES NO What for? | | Dosage: | |
| Ability Level: (circle) Intermediate Advanced Expert Other | | Yrs Skiing/Riding? | |
| Discipline & Equipment: (circle) Alpine Snowboard 3T 4T VI Monoski Biski Dualski | | | |
| Terrain Preferred? (circle) Blue Black Groomed Bumps Race Course Steeps Powder | | | |
| Do you need assistance while skiing? (loading/unloading, guiding, etc) YES NO | | | |
| If yes, please describe: | | | |

| | | | |
|---|----------------------|---------------------|----|
| Participant Entire Camp: \$800 Includes 5 nights lodging (sharing room with another camp participant), 4 lift tickets, 4 days of clinic instruction, video analysis, Après Ski events. <i>Lodging is at the Peaks Resort & Spa in Mountain Village.</i> | | \$ | |
| Guest/Buddy Entire Camp: \$800 Includes 5 nights lodging (sharing a room with participant), 4 lift tickets and any participation in Ski Camp events) | | | |
| Participant Partial Attendance \$200/day x _____ days Days (circle): Monday Tuesday Wednesday Thursday | | \$ | |
| Guest Partial Attendance: \$200/day x _____ days Days (circle) Monday Tuesday Wednesday Thursday <small>Partial Attendance includes lodging, lift tickets, lessons for participants</small> | | \$ | |
| Equipment: Do you need equipment? YES NO Limited adaptive equipment is available – reserve well in advance. Alpine and snowboard equipment is free. See below for other: | | Ht | Wt |
| Sit-down \$25/day | Outriggers: \$10/day | Blind bibs: \$5/day | |
| Type : | Rate: | # days: | |
| TOTAL AMOUNT DUE | | \$ | |

PAYMENT INFO: Make payment to TASP

| | |
|--|-------------------------|
| Check or Money Order #: | Cash/ Receipt #: |
| Type of Credit Card: (circle) VISA MasterCard | Date: |
| Credit Card # | Exp. Date |
| Name on the Card: | \$ |
| Signature: | |

Return form and payment to TASP PO Box 2254 Telluride, CO 81435 or director@tellurideadaptivesports.org