



# RACE CLUB SQUAD ORDER FORM 2011

Falls Creek Ski Lifts, PO Box 55, Falls Creek VIC 3699  
Ph: 03 5758 1000 Fax: 03 5758 3416

Purchaser's Name:.....

Address (Street):.....

Address (Suburb):.....State:.....Post Code:.....

Phone (H):..... Phone (W):.....

Phone (on mountain):.....Mobile:.....

E-Mail:.....

FCRC M/ship #	Athlete Full Name	D.O.B	Sex	Squad Program	Price
.....	.....	...../...../.....	M / F	.....	\$.....
.....	.....	...../...../.....	M / F	.....	\$.....
.....	.....	...../...../.....	M / F	.....	\$.....
.....	.....	...../...../.....	M / F	.....	\$.....

FAMILY DISCOUNT: A 5% discount is applicable on the 3<sup>rd</sup> and 4<sup>th</sup> squad program athletes (the least expensive programs)

**Total** (Program Fees – No lift Pass included) \$

***In order to participate in Seasonal Fulltime, & Holiday 2 Week squads, you must be a member of Falls Creek Race Club***

<b>Seasonal Programs</b>		<b>Fulltime Seasonal</b>	
Junior/ Senior FIS	\$3205	FIS Fulltime	\$5140
Children's Alpine U14 (CH2)	\$3120	Child Full Time U14 (CH2)	\$4450
Children's Alpine U12 (CH1)	\$3120	Child Full Time U12 (CH1)	\$3860
Children's Alpine U10 (CH0)	\$2915		
Snowboard Squad	\$1830	<b>Holiday Programs</b>	
Development Squad	\$1890	Short Alpine 2 Weeks	\$1395
		Short Alpine 1 Week A	\$650
		Short Alpine 1 Week B	\$650

Conditions:

IMPORTANT 1: Please ensure that you understand the training days allocated to each program – you can view this from the website. Missed days do not transfer as a credit to another time. Please tick this box to as confirmation that you have read this. Payment will not be processed if this box has not been ticked.

IMPORTANT 2: Late Fees:

Registrations received after May 30, 2011 will incur a late fee. See program description for more details. Programs will incur the following surcharge, Fulltime seasonal \$200.00, Seasonal \$150.00, Holiday 2 weeks \$50.00

Please find enclosed a cheque/money order for \$..... Payable to: Falls Creek Ski Lifts. **OR debit my:**

Mastercard     Visa     Amex

Card No:.....Exp Date:.....Amount:\$.....

Name on Card:.....

Card Holder Signature:.....

Please return this form to:    **Attn: Advance Sales**    or    **Fax: 03 5758 3416**  
**Falls Creek Ski Lifts**    or    **Email: tickets@falls creek.net**  
**PO Box 55**  
**Falls Creek VIC 3699**