



2011-12 ALPINE DISCOVERY PROGRAM  
RESERVATION FORM

NAME OF GROUP: \_\_\_\_\_

Group Leaders Name: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ # of buses \_\_\_\_\_

Mailing Address (preferred): \_\_\_\_\_ Total in Group: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address:(required-Please print neatly or type) \_\_\_\_\_

If different from above:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

How should Snow Trails contact you: Telephone Email (preferred)

Program Types: (Check all that applies) Super Flex Season Freedom

Select Day and Time Period

Monday AM PM Tuesday AM PM Wednesday AM PM  
Thursday AM PM Friday AM PM Saturday AM PM  
Sunday AM PM Season Freedom (Anytime Group)

Complete this form in order to guarantee your spot.

Do not change days without checking availability with Snow Trails. Mail, email, or fax your form to (419) 756-8031, attention Bob. For questions, please call 1-800-OHIO-SKI (644-6754).

OFFICE USE ONLY:

Application processes by: \_\_\_\_\_

Day of the week checked for availability: \_\_\_\_\_

Participant forms sent to group leader: \_\_\_\_\_

User name and password assigned: \_\_\_\_\_

Comments: