MARCH 6-7, 2020 TEAM REGISTRATION

Phone inquiries: 604.938.7321





| Name: | Company: _ | a constant | |
|---|--|---|------------------------------|
| Address: | | | |
| City: | Prov: | Postal Code: | |
| Daytime Phone: | Cell: | Email: | |
| STEP 2 | | | |
| TEAM NAME: | | ABILITY: | SHOE SPORT: SIZE: |
| TEAM CAPTAIN: | Email: | *Required. Please check one. BEG ☐ INTER ☐ ADV ☐ | *Required. Please check one. |
| This contact will receive all team member corre | | | |
| Team Member 2: | Email: | BEG INTER ADV | |
| Team Member 3: | Email: | BEG INTER ADV | |
| Team Member 4: | Email: | BEG INTER ADV | BOARD SKI |
| Two-day Quartet: Would you like to | Ski With a Pro on Friday, Mai | rch 6? ☐ Yes ☐ No | |
| STEP 3: QUANTIT | Y | | |
| *With the exception of VIP First Si | day and Saturday (for 4 particip | pants and includes all events)* | \$2,200 each |
| | rday only (for 4 participants) | | \$1,800 each |
| Friday night VIP First Sip tio | kets (early entry) | | @ \$25 add on each |
| Additional Friday night Wh | istler Winetastic tickets | | @ \$80 each |
| Additional Saturday night I | magine 2120 Mountain Top Ga | la tickets | @ \$250 each |
| CTCD 4 DOLIMENT | TOFO | | †Includes all taxes and fee |
| STEP 4: PAYMENT | | | |
| | C Amex | | |
| Card number: | Ex | piry date: | |
| Name on card: | Sig | nature: | |
| Please Note: Your team package(s) including tickets wi morning of the event at the Fairmont Cha | ll be available for pick-up at the TE ateau Whistler. | ELUS Winter Classic registration desk | on Friday and Saturday |
| STEP 5: REGISTR | ATION & PAYME | -NT | |
| Please email your completed form back | | | |





ca:Cola

ART MUSEUM



















2CON



RDSONGMP OR ENGELBERT MENT GROUP

















