



WHITETAIL 2017-2018 INSTRUCTOR TRAINING COURSE REGISTRATION

Office Use Only
Payment# _____
Initials/Date _____

RECRUITED BY _____

Please print clearly!

Last Name: _____ First: _____ **Skier or Snowboarder (Circle One)**

Address _____

City _____ State: _____ Zip: _____ Date of Birth (If under 18): _____

Primary Phone (____) _____ - _____ Email Address: - _____ @ _____

INDOOR DATES: (1 day)

OUTDOOR DATES: (2 days)

and

__ December 9th, 2017

__ Tentative (December 16th and 17th, 2017)

Number of years Skiing/Riding _____ Have you taught or coached Skiing or Snowboarding? _____
Where? _____ When? _____ How Long? _____

Are you a member of PSIA/AASI? _____ Level _____

Are you currently employed with Whitetail? _____ Department? _____

Have you worked with Whitetail previously? _____ When? _____ Department? _____ Manager _____

Are you the dependent of a Whitetail employee? _____ Their Name: _____ Their Department? _____

Instructor Requirements: You must own current equipment and solid black ski/board pants and commit to at least 19 days per season.

PAYMENT:

The cost of the ITC is **\$50.00** (14 – 15 yr old **\$25**), which includes printed materials, class and lift passes. Employees and dependents of employees are no charge. **Completion of the course is not a guarantee of employment with the Ski & Snowboard School at Whitetail. Must be at least 14 at the time of the ITC.**

Mail this completed application, along with payment (**no later than one week in advance of the first training session**) to:

**The Ski & Snowboard School at Whitetail
Attn: ITC Registration
13805 Blairs Valley Rd
Mercersburg, PA 17236**

Questions? Email skischool@skiwhitetail.com or call 717-328-9400 ext 3662

Make checks payable to Whitetail Resort. Cash will not be accepted through the mail. To pay by credit card, fill out the section below. Credit card payments will not be accepted without valid signature. If you are paying by credit card you may also fax the completed application to The Ski & Snowboard School at Whitetail, ITC Registration. **Fax Number 717-328-6626.**

Visa/Master Card /American Express/Discover Card # _____

Expiration Date: _____ CID _____ (3 digits on back of card)

Name as it appears on card: (please print) _____

Authorized Signature: _____ Date: _____