

BOGUS BASIN NORDIC TEAM
 2008/09 Registration for **Competition Team Skiers**

Athlete's Name _____ Birth Date/Age _____

Parent/Guardian Name(s) _____

Address _____ City _____ Zip _____

Main E-Mail (Parent) _____ Home Phone _____

Cell # _____ Other Cell or W _____ (for name) _____

Alternative Name, Address, City, Zip _____

Alternative/ E-Mail _____

Athlete E-Mail _____ USSA# _____

Any medical condition or dietary restrictions coaching staff should be aware of? _____

Physician Name _____ Telephone _____

Medical Insurance _____ Group or Policy # _____

Please choose payment schedule & fill in amounts on right side.

COMPETITION TEAM SUMMARY May 5 - March 20

Annual Program Fee, \$ 1500

Van Fee, \$ 280

Intermountain Region Division (IMD) License, \$30

USSA Membership - pay directly to USSA - \$120, 14 & up.

Single Payment with 2% discount, Year Total: \$1774

Or, Payment Plan (3 payments) Year Total: \$1810

#1 Due August 15, \$500

#2 Due October 15, \$500 + Van Fee & IMD License = \$810

#3 Due January 15, \$500

*** \$50 Late Fee will be added to bills if Fees not paid on time. ***

We are paying via Payment Plan:

1. **August 15 Program payment, \$500** \$ _____

TOTAL PAYMENT NOW \$500 \$

2. **October 15 Program payment, \$500** \$ _____

3. **October 15 Van Fee, \$280** \$ _____

4. **October 15 IMD License, \$30** \$ _____

5. **January 15 Program payment, \$500** \$ _____

TOTAL PAYMENT FOR SEASON \$1810 \$

OR We are paying IN FULL with 2% discount.

SINGLE PAYMENT NOW / SEASON \$1774 \$