

2011 Patricia Lecy Memorial Cup Race and Gate Practice Registration Form



Saturday, December 17 ~ Wild Mountain
Gate Practice 10 am - 12 noon
Cup Race 1 pm

Name _____

___ Non-Member ___ New Member ___ Returning Member

If Non-Member please fill out the following:

Address: _____

City: _____ State: _____ Zip: _____

Hm Phone: _____ Alt Phone: _____

Date of Birth: _____ Age: _____ Gender: _____

If Current Ski Challenge Member:

Team: _____

League: _____

Please Register me for the following:

___ Gate Practice \$15 / person (10 am - 12 noon)

___ Race Only \$15 / person (1 pm)

___ Both Clinic and Cup Race \$25

\$ _____ Amount Enclosed

**Mail in Registration and
payment to:**

The Ski Challenge
PO Box 70
Savage, MN 55378

Or, call at 952-894-9220
or, E-mail at
info@skichallenge.com

Check in begins at 9 am. All ages Welcome.