

REGISTRATION PROCESS

Please complete this application along with Waivers, ARC and Relevant Season Pass Information and send to:
Winter Sport Club, Perisher Blue Limited, PO Box 42, Perisher Valley, NSW 2624
Email: wsc@perisher.com.au Phone 02 6459 4409/4606 Fax 02 6457 5424 (pre season) 02 6457 5393 (winter)

CONTACT DETAILS (Parent/Guardian if minor's application)

Surname: _____ First Name: (Parent if minor's application) _____
Mailing Address: _____
Suburb: _____ State: _____ P/C: _____
E-mail #1: (essential for contact during Season): _____
Preferred Mobile No: (for SMS contact during season) _____
Phone Details:
Parent Name: _____ Home: _____ Mobile: _____

ATHLETE DETAILS

Official Use IP	Athlete(s) Full Name	D.O.B	Sex	Program Name	Full Cost \$

DISCOUNT AND SCHOLARSHIP CALCULATIONS

Second, third etc family members receive a \$60 off their full program price Athletes with Scholarships must provide a copy of their scholarship letter

	Number of entitled discounts	Total Discount Amount \$	Letter Provided	Official Use
Family Discount			N/A	
Scholarships	N/A			
Other:				

PAYMENT DETAILS

Payment: Full Program Cost \$ _____ Less Discount \$ _____ = Total Payment Amount \$ _____
Please tick your preferred method of payment: Bank Cheque Money Order
Debit my credit card: Visa MasterCard Bankcard Amex
Card # - - - Expiry Date / cvc

TERMS AND CONDITIONS

To receive the early sign-up rate, registration with payment details must be received before the advertised cut-off date (26 May 08). Payments will be processed between 2 June and 8 June 2008.

In the event that payment is declined or fails to process, whatever the reason, I agree that I may not participate in the Winter Sports Club program until such time as Perisher Blue Pty Limited receives payment in full.

I hereby authorise Perisher Blue Pty Ltd to debit my credit card account with the appropriate sum(s) indicated above as per the payment terms:

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

Signature of card holder: _____ Date: _____