



March 9 & 10, 2014 Registration Form

Reserve your spot today. Space is limited to only 35 teams.

Team Information

Team Name: _____

Team Captain: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Team Members:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Registration Information

Please sign us up:

Register entire team: \$995.00

Register individual: \$199.00

Individual's name _____

Payment Method:

Check in the amount of \$ _____

Credit Card (MasterCard & Visa)
in the amount of \$ _____

Credit Card Info:

Circle One: MasterCard Visa

Card # _____

Expiration _____ 3 Digit Code _____

Name on Card _____

Billing Zip Code _____

Guest Pass Fees

*Do you have a friend or family member who wants to come to the event but not ski on a team?
Bring them as your guest. Pre-registration online is appreciated.*

2 Day Full Guest Pass \$140.00

2 lift tickets, 4 mountain meals, commemorative apparel,
Cowboy Up for Cancer Diner and Party

2 Day Full Guest Pass without Lift Ticket..... \$80.00

1 Day Guest Pass with Lift Ticket..... \$65.00

1 lift tickets, 2 mountain meals, commemorative apparel

1 Day Guest Pass without Lift Ticket..... \$30.00

1 lift tickets, 2 mountain meals, commemorative apparel

1 Day Hang Out Guest Pass..... \$20.00

Cowboy Up for Cancer Dinner & Gala Party..... \$30.00

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Guest of: _____

TOTAL from column at left:

\$

ALL guests at Mt. Hood Meadows MUST be registered.

Oregon Cancer Ski Out • www.cancerskiout.org • cancerskiout@gmail.com • PO Box 1484 • Wilsonville, OR 97070
971-221-5872 • FAX 503-632-1612 • Oregon Cancer Ski Out is a 501(c)3 organization • Tax ID #93-1284874