



## *Women's Seminar*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ # of years skiing/riding: \_\_\_\_\_

Average # of times ski per year: \_\_\_\_\_

Type of payment:

Check     Cash     Credit     Season Pass

Skier or Snowboarder \_\_\_\_\_

Check your level:

Novice

Intermediate

Advanced

Return Application and payment to:

Jack Frost Mountain

Attn: Snowsport Learning center

PO Box 1539

Blakeslee, PA 18610

P: 570-443-8425

E: [jfskischool@jfbb.com](mailto:jfskischool@jfbb.com)

**570.443.8425....[www.jfbb.com](http://www.jfbb.com)**