



# MOUNT HOTHAM FREE SKI CLUB

Phone 0412 369 694 Email martin@mounthothamfreeski.com.au

P.O Box 131 - Flinders - 3929 - Vic - Australia

www.mounthothamfreeski.com.au

For Office Use Only

Received By:

Date Entered:

Entered By:

Today's Date:

## PROGRAM REGISTRATION FORM

Participants Name	Date of Birth	Age	Gender	Grade	School During Season

Primary E-mail Address (where you want to receive MHFS communications) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

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

Family Mailing Address

No. \_\_\_\_\_ Street: \_\_\_\_\_ Town/Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Name of Participant(s)	Discipline	Name of Program(s)	Program Fee(s)
<i>eg. Leroy Brown</i>	<i>eg. Moguls</i>	<i>eg. All Winter Program</i>	
<b>Membership Fee</b>			
<b>TOTAL</b>			

Payment Type: Credit Card | Direct Transfer (please circle)

Individual membership \$150

Family membership \$300

Credit Card Information: (scan/email or mail only)

Name on Card: \_\_\_\_\_

Acct. Number:     -     -     -

Expiry Date:   /   CCV:

**DIRECT TRANSFER**  
Free Ski Hotham Inc.  
BSB 633 – 000  
Acc. No. 152 207 700

Dietary Requirements (Please advise if any)	
Allergies (please advise if any)	
Special Needs (please advise if any)	
Pre-Existing Medical Condition or Injuries (please advise if any)	

My signature below signifies that I have read Mount Hotham Free Ski Club information at [www.mounthothamfreeski.com.au](http://www.mounthothamfreeski.com.au) and will read it carefully with my family members involved in MHFS and will abide by the policies set forth.

Signature

Date

**CANCELLATION POLICY -**

MHFS does not give refunds for any reason unless in the event of an injury which occurs while participating in the programs.

A medical certificate must be provided if the participant is unable to continue with the program.

This excludes general illness eg. common cold / virus / flu / headaches / stomach aches / muscular aches and pains.

All refunds and/ or credits are at the discretion of the Director of Programs.