



SNOWSPORTS LEARNING CENTER RESERVATION FORM

NAME: _____

PHONE: _____

ADDRESS: _____

CELL PH: _____

STUDENT(S) NAME: _____

EMAIL: _____

AGE(S): _____

LESSON TYPE: SKI SNOWBOARD

LEVEL: 1 2 3 4 5 6 7 8 9

DAY: _____

DATE: _____

LESSON / PROGRAM:

LITTLE DRAGONS (AGES 3-4)

HALF DAY

FULL DAY

MAGIC MONSTERS (AGES 5-12) LEVEL 0 - 5

HALF DAY

FULL DAY

MAGIC MOUNTAINEERS (AGES 7-14) LEVEL 6 & ABOVE

HALF DAY

FULL DAY

IT'S MAGIC

GROUP AM PM

PRIVATE

TIME: _____

FOOD ALLERGIES OR OTHER MEDICAL CONDITIONS WE SHOULD KNOW ABOUT:

P.O. BOX 396, 495 MAGIC MOUNTAIN ACCESS ROAD, LONDONDERRY, VT 05148

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email: reservations@magicmtn.com