



ACA TRAINING CENTRE

Nakiska Resort

P.O. Box 1988
Kananaskis Village, Alberta, T0L 2H0
Telephone (403) 591-7777
Fax (403) 591-7780

Today's Date: _____ Contact Name: _____

Team Name: _____ Coach Name: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Phone: _____ Fax: _____ Email: _____

(If International please include country code and complete phone and fax numbers)

Number in Group: Athletes: _____ Coaches: _____

Requested Dates: First day training on mountain: _____

Last day training on mountain: _____

Planned Days Off: _____ Total number of training days: _____ (total number of training days minus days off)

Please indicate the times and discipline you require.

Use the following codes: GS – Giant Slalom, SL – Slalom, SGS – Super Giant Slalom, FS – Free Skiing, OFF – Days Off

	Date	AM Session	MID Session	PM Session
<i>Example</i>	<i>Dec 1, 2001</i>	<i>GS</i>	<i>SL</i>	
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				
Total:				

	Date	AM Session	MID Session	PM Session
Day 11				
Day 12				
Day 13				
Day 14				
Day 15				
Day 16				
Day 17				
Day 18				
Day 19				
Day 20				
Total:				

(Please Note: During premium time, Nakiska Ski Resort guarantees just one session per day)

Rapid Gate Rental: Yes/No: _____

Hotel Accommodation: Yes/No: _____

Hotel Selection: _____

No. Of People: _____ Arrival Day: _____

Departure Day: _____

No. Of Rooms Requested: Single: _____ Triple: _____

Double: _____ Quad: _____

PLEASE INCLUDE A ROOM LIST WITH REGISTRATION

I have read and understand the stated terms, conditions, rates, policies, and procedures, and agree to abide by them.

DATE: _____ SIGNATURE OF CONTACT/COACH: _____