

Mogul Logic Summer Camp "2010" Registration Form!

Print me out! Send me in! A detailed information packet will be sent to you upon receipt.

Name _____ Age _____ Sex _____
 Address _____
 City _____ State _____ Zip _____
 Dad's Name _____ Mom's Name _____
 Phone _____ Emergency Phone _____
 E-mail _____
 Insurance Co. and Policy# _____

Camp (Check Session, desired training, and Payment Package)

Check	Session, Arrival and Departure Days	Cost	Training desired
<input type="radio"/>	Session 1 June 25th-July 3rd	\$1,825 USD Before 5/12/10 \$1,925 USD After 5/12/10	<input type="radio"/> Moguls
<input type="radio"/>	Session 2 July 3rd-July 11th	\$1,825 USD Before 5/12/10 \$1,925 USD After 5/12/10	<input type="radio"/> Moguls
<input type="radio"/>	Session 1 Coaching Only (No Food or Lodging)	\$1,350 USD Before 5/12/10 \$1,450 USD After 5/12/10	<input type="radio"/> Moguls
<input type="radio"/>	Session 2 Coaching Only (No Food or Lodging)	\$1,350 USD Before 5/12/10 \$1,450 USD Before 5/12/10	<input type="radio"/> moguls
<input type="radio"/>	Sign up for both sessions and save \$50.00!	<input type="radio"/> Returning customer discount: \$50.00	<input type="radio"/> Other notes

Single and double occupancy rates available for Adults. Please call: 802-249-3879

Please make checks payable to Mogul Logic! Master Card and Visa accepted!

Credit Card Type _____ Card # _____ Exp. _____

Charging card Options: Please check one.

<input type="radio"/>	Charge total amount to my credit card now.
<input type="radio"/>	Charge \$250.00 deposit per session now. The balance will be charged to my card on June 12th, 2010

Release: I hereby release Chuck Martin, David Babic, Blackcomb Ski Area Martindale Productions, Mogul Logic Inc. and Babic Sports LLC for any and all said injuries suffered by me at said camp activities and sessions and traveling to and from same or during participation in any camp activities. I understand that the deposit of \$250.00 per summer camp session attending is non-refundable and that the balance is due by or before June 12th 2010.

Applicant Signature _____ Date _____

Parent signature if applicant is under 21 years of age.

Mail or Fax to: Phone: 802-249-3879 Fax: 802-419-3779 E-mail: babicdavid@aol.com
 Mogul Logic
 P.O. Box 2103 Waitsfield, VT 05673