



Registration date : _____

POSTAL ADDRESS : 671, CHEMIN MAPLE, SUTTON (Qc) JOE 2K0
 PHONE : 450-538-2545 OPTION 2, TÉLÉCOPIEUR : 450-538-9902
 EMAIL : SCHOOL@MONTSUTTON.COM

REGISTRATION Season 2021-2022

Taxes extra.

Renewal New student

Season pass holder: Yes No

Language of correspondence: French English

STUDENT			DESIRED PROGRAM			WITH LIFT TICKETS	WITH SEASONAL RENTAL
FIRST NAME	LAST NAME	DATE OF BIRTH (D/M/Y)	SATURDAYS	SUNDAYS	EVERY 2 ND WEEKEND		
			<input type="checkbox"/> Little Scouts SAT 8:30 am <input type="checkbox"/> Little Scouts SAT 10:45 am <input type="checkbox"/> Little Scouts SAT 1:30 pm <input type="checkbox"/> Explorers SAT 8:30 am <input type="checkbox"/> Explorers SAT 10:45 am <input type="checkbox"/> Explorers SAT 1:30 pm <input type="checkbox"/> All-terrain SAT 9:00 am <input type="checkbox"/> All-terrain SAT 1:00 pm	<input type="checkbox"/> Elite 9:00 am <input type="checkbox"/> Elite 1:00 pm <input type="checkbox"/> Apprentice SAT 8:30 am <input type="checkbox"/> Apprentice SAT 10:45 am <input type="checkbox"/> Adults Interm SAT 8:45 am <input type="checkbox"/> Adults Expert SAT 8:45 am <input type="checkbox"/> Adults Interm SAT 1:45 pm <input type="checkbox"/> Adults Expert SAT 1:45 pm	<input type="checkbox"/> Little Scouts SUN 8:30 am <input type="checkbox"/> Little Scouts SUN 10:45 am <input type="checkbox"/> Explorers SUN 8:30 am <input type="checkbox"/> Explorers SUN 10:45 am <input type="checkbox"/> All-terrain SUN 9:00 am <input type="checkbox"/> Snow Park SUN 13:30 pm <input type="checkbox"/> Apprentice SUN 8:30 am <input type="checkbox"/> Snowboarding SUN 10:45 am	Every 2nd weekend - ski <input type="checkbox"/> SAT Jan 8, 1:30 pm <input type="checkbox"/> SUN Jan 9, 10:45 am <input type="checkbox"/> SAT Jan 15, 1:30 pm <input type="checkbox"/> SUN Jan 16, 10:45 am Every 2nd weekend - ski <input type="checkbox"/> SAT Jan 8, 1:30 pm <input type="checkbox"/> SAT Jan 15, 1:30 pm	
			<input type="checkbox"/> Little Scouts SAT 8:30 am <input type="checkbox"/> Little Scouts SAT 10:45 am <input type="checkbox"/> Little Scouts SAT 1:30 pm <input type="checkbox"/> Explorers SAT 8:30 am <input type="checkbox"/> Explorers SAT 10:45 am <input type="checkbox"/> Explorers SAT 1:30 pm <input type="checkbox"/> All-terrain SAT 9:00 am <input type="checkbox"/> All-terrain SAT 1:00 pm	<input type="checkbox"/> Elite 9:00 am <input type="checkbox"/> Elite 1:00 pm <input type="checkbox"/> Apprentice SAT 8:30 am <input type="checkbox"/> Apprentice SAT 1:30 pm <input type="checkbox"/> Adults Interm SAT 8:45 am <input type="checkbox"/> Adults Expert SAT 8:45 am <input type="checkbox"/> Adults Interm SAT 1:45 pm <input type="checkbox"/> Adults Expert SAT 1:45 pm	<input type="checkbox"/> Little Scouts SUN 8:30 am <input type="checkbox"/> Little Scouts SUN 10:45 am <input type="checkbox"/> Explorers SUN 8:30 am <input type="checkbox"/> Explorers SUN 10:45 am <input type="checkbox"/> All-terrain SUN 9:00 am <input type="checkbox"/> Snow Park SUN 10:45 am <input type="checkbox"/> Apprentice SUN 8:30 am <input type="checkbox"/> Snowboarding SUN 8:30 am <input type="checkbox"/> Snowboarding SUN 10:45 am	Every 2nd weekend - ski <input type="checkbox"/> SAT Jan 8, 1:30 pm <input type="checkbox"/> SUN Jan 9, 10:45 am <input type="checkbox"/> SAT Jan 15, 1:30 pm <input type="checkbox"/> SUN Jan 16, 10:45 am Every 2nd weekend - ski <input type="checkbox"/> SAT Jan 8, 1:30 pm <input type="checkbox"/> SAT Jan 15, 1:30 pm	
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I am interested in purchasing the matching ski ticket card for the parent : Yes No

→ Name of 1st cardholder : _____ D.O.B. : _____
 → Name of 2nd cardholder : _____ D.O.B. : _____

WE WILL CONTACT YOU TO CONFIRM THE AVAILABILITY OF CHOSEN OPTIONS AND TOTAL AMOUNT OF REGISTRATION

Parent or Tutor: _____

Address : _____ City : _____ Postal code : _____

Home phone: _____ Cell. Phone (and for emergencies): _____

E-mail : _____ Allergies: no yes, specify : _____

Special request : _____

Payment Type - Complete payment is requested upon registration

Check (to the order of Ski Sutton Inc.) Master Card Visa
 Credit card number: _____ Exp: ____/____

IMPORTANT : Within 48 hours of receiving your registration form, we will confirm the availability of your selected program. Have a great 2021-2022 season !

Name in capital letters: _____ Signature: _____ Date: _____