



Mammoth Team 2024 Registration Form

Seasonal Program Fee \$ 3,100

Please complete the following information:

Are You A Retuning Masters' Team Member? YES NO

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Contact Number: _____

Email Address: _____

USSA # (required): _____

FWRA racing class: _____

Emergency Contact Name: _____ Contact Number: _____

By signing below, I understand that my participation in this program depends on a certain level of ability and competency. A ski test may be administered to determine my eligibility. As a new member, I understand that I am required to participate in at least one of the first two scheduled weekends to determine my ability level and competency for acceptance into this program.

Signature _____ Date _____

Mammoth Mountain Race Department,
P.O. Box 24, 10001 Minaret Road, Mammoth Lakes, CA 93546

Phone: (760) 934-0642

Fax: (760) 934-0613

Email: RaceAdmin@mammothresorts.com Website: <http://www.mammothmountain.com>

