

# THANKSGIVING RACE CAMP

## Nov. 25 - 27, 2011

5 Hours of Training Daily!  
Daily 8:45am - 4pm

Applications Preferred by Nov. 18, 2011  
(\$5 Late Registration Fee)

PRST - STD  
U.S. Postage  
PAID  
Permit NO. 6  
Dresser, WI  
54009

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Male Female (circle one) Age \_\_\_\_ (as of 09/01/11)

### 2011-'12 Season Pass Holder (Type)?

Full \_\_\_\_ Mid. \_\_\_\_ Sat. \_\_\_\_ Sun. \_\_\_\_ None \_\_\_\_

Rates: Age 12 & Under or 62+ Age 13-61

1 Day: \$85 \_\_\_\_ \$90 \_\_\_\_

2 Days: \$115 \_\_\_\_ \$125 \_\_\_\_

3 Days: \$140 \_\_\_\_ \$150 \_\_\_\_

Dates Attending: 11/25 \_\_\_\_ 11/26 \_\_\_\_ 11/27 \_\_\_\_

MAIL OR CALL TO REGISTER - OR - FOR MORE INFO:  
Trollhaugen • 2232 100th Ave. • Dresser, WI • 54009  
Phone - WI: 715.755.2955 Ext 223 • MN 651.433.5141 Ext 223

AMOUNT: \$ \_\_\_\_ CHECK #: \_\_\_\_ - OR -

VISA MASTERCARD (please circle one)

ACCOUNT #: \_\_\_\_\_

EXP. DATE: \_\_\_\_/\_\_\_\_ 3 DIGIT CCV# \_\_\_\_

BILLING ZIPCODE \_\_\_\_\_ -Subject to Cancellation Fee -



2232 100<sup>th</sup> Avenue • Dresser • WI • 54009  
Phone - WI: 715.755.2955 • MN 651.433.5141  
Ski & Board Shop - 715.755.2950  
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# Trollhaugen

SKI \* RIDE \* TUBE

# THANKSGIVING RACE CAMP

## Nov. 25 - 27, 2011

“Like” The Troll • facebook.com/trollhaugen



Troll\_Tri-Fold\_Thanksgiving\_Race\_Camp\_0811



# GO To The TROLL!

... because Trolls Run The Trolliest Camp!

**Thanksgiving Race Camp**  
**Nov. 25 - 27, 2011**

**Daily 8:45am - 4pm**  
**Includes 5 Hours of Training Daily!**

### THE CAMP:

3 days, 5 hours each, dedicated to Slalom & Giant Slalom skiing.

Designed to help improve your skiing & racing technique on the slopes & through the gates

### THE SCHEDULE:

Runs daily from 8:45am - 4pm

### INCLUDES:

A Lift Ticket, T-Shirt, Lunch, and Training:

- \*Small Group Instruction
- \*NASTAR Type Courses
- \*Slalom Courses
- \*Drill Stations
- \*Video Imagery
- \*Video Evaluations

### INVESTMENT:

Ages 12 & Under, or Seniors 62+

- 1-Day: \$85
- 2-Day: \$115
- 3-Day: \$140

Ages 13 & Older

- 1-Day: \$90
- 2-Day: \$125
- 3-Day: \$150

### Season Pass Discount!

If you have a season pass for any of the camp dates, deduct \$10/Day for each day that the pass is valid!

CALL FOR TEAM PRICING!

## Thanks To Our Sponsors For Providing Door Prizes & Gifts For Our Camp!

(Sponsors Subject To Change)



### Authorization & Release

I, the undersigned, know that skiing is an action sport, carrying significant risk of personal injury. Ski racing, practicing for ski racing, and all of the activities taking place in order to prepare for ski racing are dangerous and physically demanding activities. I know that there are natural and man-made obstacles or hazards. Surface and environment conditions, along with risks, may cause serious injury. I, the undersigned, accept the inherent dangers of physical participation in such snow sport activities. I agree that I (and not Trollhaugen Winter Recreation Area, it's staff, or volunteers) am totally responsible for my safety while I participate in these activities.

\_\_\_\_\_  
Attendee Name

\_\_\_\_\_  
Attendee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Name (If applicable)

\_\_\_\_\_  
Parent/Guardian Sign (If applicable)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### POWER TO AUTHORIZE MEDICAL TREATMENT

(IF YOU ARE UNDER 18, THIS FORM MUST BE SIGNED BY A PARENT / LEGAL GUARDIAN)

I, the undersigned, or as a parent and/or legal guardian of:

\_\_\_\_\_  
(Attendee name or parent/guardian name of person under age 18)

I recognize that medical treatment may become necessary in the Race Camp, and to avoid delay of any necessary medical treatment and/or that which would alleviate physical injury, hereby empower the staff of Trollhaugen Winter Recreation Area or other designated persons to authorize on my behalf recommended medical treatment of my child by any staff member of any hospital, medical doctor, emergency medical technician, and/or paramedic. This authorization is complete and of itself fully operative upon my signature for the duration of the Trollhaugen Race Camp.

\_\_\_\_\_  
Attendee or Parent / Guardian Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Attendee/Parent/Guardian Sign Date

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Phone Number

Trollhaugen.com • WI - 715.755.2955 • MN - 651.433.5141

Trollhaugen Ski & Board Shop - 715.755.2950

