



**OKEMO MOUNTAIN SCHOOL
HOLIDAY HAMMER CAMP APPLICATION**

Alpine_____ Snowboard_____ Freestyle_____
Alpine J1/2_____ Alpine J3_____ Alpine Council_____ Alpine Devo_____

Athlete Name: (First)_____ (Last)_____

Age: _____

Mailing address:

Phone: (home)_____ (cell)_____
(local)_____

Email: (parent)_____ (athlete)_____

Parent's names:

(First)_____ (Last)_____

(First)_____ (Last)_____

Emergency Contact (name and number):

(First)_____ (Last)_____ (#)_____

**The cost of the camp is \$350. (Please make checks payable to
Okemo Mountain School).**

Payment (please circle): Check Cash Credit Card (NO AMEX)

Credit Card Information:

Name on credit card: _____ **Type of card:** _____

Credit card # _____ **Expiration Date:** _____