

**LET'S GO TO NORTH CONWAY - REGISTRATION FORM  
FRIDAY MARCH 25 - SUNDAY MARCH 27**

**FAMILY NAME:**  
**MAILING ADDRESS:**

**HOME PHONE:**  
**EMAIL:**

**MOBILE PHONE:**

**PRICING**

**ACCOMMODATIONS/MEALS/KAHUNA LAGUNA WATER PARK -  
Red Jacket Mountain View Resort, North Conway, NH**

**Included:**

- 2 nights hotel room (two double beds plus optional cot/rollaway)
- Breakfast Saturday & Sunday Morning
- Buffet Dinner Saturday night
- Access to Kahuna Laguna Water Park for entire stay
- All taxes and gratuities

Room Rate:

Single Occupancy (1 Adult):	\$ 318.00	per adult
Double Occupancy (2 Adults):	\$ 199.00	per adult
Add'l Adult (over 12 years) in room	\$ 75.00	per adult
Children (Age 3-12):	\$ 50.00	per child
Children (Age 0-2):	\$ -	free
Saturday dinner only (no room) - Adult	\$ 35.00	per adult
Saturday dinner only (no room) - Child (3-12)	\$ 15.00	per child
Saturday dinner only (no room) - Child (0-2)	\$ -	free
Weekend pass to Water Park (no room)	\$ 15.00	per person

#	TOTAL:

**SATURDAY SKIING & MOUNTAIN COASTER AT ATTITASH:**

Adult Full Day Lift Ticket:	\$ 55.00
Junior (6-12) Full Day Lift Ticket:	\$ 31.00
Young Adult (13-18) Full Day Lift Ticket:	\$ 44.00
Rentals (13 and over):	\$ 30.00
Rentals (12 and under):	\$ 20.00
Mountain Coaster One Ride:	\$ 10.00
Mountain Coaster Three Rides:	\$ 25.00
Adaptive Ski Lesson Half Day (2 hours AM or PM)	\$ 40.00
Adaptive Ski Lesson Full Day (2 hours AM & PM)	\$ 65.00

\*\*Adaptive Lessons include lift ticket & equipment


**SUNDAY SWIMMING WITH MAURY AT NEW ENGLAND INN'S POOL**

1 hour group lesson	\$ 25.00
45 minute private lesson	\$ 40.00

lessons include free parent-supervised swimming from 9-12 Sunday morning


**TOTAL:**

**\*\*RETURN REGISTRATION FORM WITH \$100 DEPOSIT PRIOR TO FEBRUARY 11, 2011\*\*  
CHECKS PAYABLE TO SCITUATE C.O.R.S.E. FOUNDATION OR  
PAY ONLINE AT WWW.CORSEFOUNDATION.ORG - INVOICE #LGNC  
BALANCE OF PAYMENT DUE BY MARCH 11, 2011**

**EXTENDED TO  
FEBRUARY 28!**

**ADDITIONAL INFORMATION:**

Please provide the following details for each participant  
If signing up for Adaptive Skiing or Swimming with Maury, please provide information regarding any physical, mental or other needs that may require special attention:

**NAME:** **AGE:**  
**ADDITIONAL INFO:**

**NAME:** **AGE:**  
**ADDITIONAL INFO:**

**NAME:** **AGE:**  
**ADDITIONAL INFO:**

**NAME:** **AGE:**  
**ADDITIONAL INFO:**

**NAME:** **AGE:**  
**ADDITIONAL INFO:**

**EMERGENCY CONTACT INFO:**  
**NAME:**  
**PHONE:**  
**CELL:**

**PLEASE RETURN FORM BY EMAIL (ERICKSON.KRISTIN@COMCAST.NET)  
FAX (781) 378-1702 OR MAIL TO KRISTIN ERICKSON, C/O CORSE FOUNDATION  
PO BOX 512, NORTH SCITUATE MA 02060**