



Seasonal Programs

Please fill out the form below to your best ability and send back (email, mail, fax) before December 3rd. This will help us group your child in the appropriate group.

Child's Name: _____

Parent's Name: _____

How would you describe your child's ability? (circle or highlight one)

- First Time (Very first time on skis or snowboard)
- Novice (Discovering green terrain, starting to make turns)
- Novice/Intermediate (Comfortable on all green and some easy blue terrain)
- Intermediate (Gaining confidence on blue terrain in all conditions)
- Intermediate/Advanced (Comfortable on all blue terrain and some easy black terrain) Advanced (Comfortable on all black terrain in all conditions)

How would you describe your child's snowboard style? (circle or highlight one)

Traversing

Linking Turns

Carving

Experienced in the Park? (circle or highlight one) Yes No

How many years has your child been snowboarding? _____

What trails does your child snowboard on at Hunter Mountain? _____

What is your child's favorite trail at Hunter Mountain? _____

Any specific requests for group placement? _____

Thanks,
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