

OFFICE USE ONLY

Meal Packet: _____ Acceptance Letter Sent: _____ Date Received: _____
App Complete: _____ Raffle Tickets Sent: _____ Paid: _____
SFL Release Signed: _____ Applying for Scholarship: _____ Owe: _____
Photo Release Signed: _____ Sch. Form Sent: _____
Sch. Granted: _____ Room: _____

PARTICIPANT APPLICATION
PLEASE PRINT OR TYPE

Name: _____ M/F _____ Age: _____
Address _____
City _____ State _____ Zip: _____
Home #: _____ Cell #: _____ Email Address: _____
[] Check if new address [] Check if you are a Veteran
[] Please check if you are attending for first time Year last attended BHRSFL _____

DISABILITY INFORMATION (Please Check Appropriate Box)

___ High Partial Vision ___ Low Partial Vision ___ Totally Blind
___ Use of Manual Wheelchair ___ Use of Electric Wheelchair ___ Other (describe) _____
I am requesting a _____ Braille / _____ Large Print program (please check which you need)

I WILL BE PARTICIPATING IN THE FOLLOWING ACTIVITIES

___ Cross-Country Skiing ___ Downhill Skiing ___ Snowshoeing

**If you are choosing to do more than one activity, which is your Primary interest: _____ Secondary interest: _____

SKIING ABILITY: Excellent: ___ Average: ___ Fair: ___ Poor: ___ New to Skiing: ___

Downhill adaptive ski equipment weight limit is 215 pounds. If you exceed this, you may not fit.

EVENT & HOTEL INFORMATION (PLEASE BE VERY SPECIFIC!!!)

I Will Attend These Days of the Event:

I Need Hotel Reservations For These Nights:

Monday Jan 27 Yes ___ No ___ Sunday Jan 26 Yes ___ No ___
Tuesday Jan 28 Yes ___ No ___ Monday Jan 27 Yes ___ No ___
Wednesday Jan 29 Yes ___ No ___ Tuesday Jan 28 Yes ___ No ___
Thursday Jan 30 Yes ___ No ___ Wednesday Jan 29 Yes ___ No ___
Thursday Jan 30 Yes ___ No ___

Special Needs: (i.e., shower chairs, refrigerators, wheelchair accessible) _____

Mark your preference realizing that not all requests may be fulfilled: _____ Smoking _____ Non-smoking

I would like to share a room with: _____

If you want a private room you must be able to pay the full \$200 plus an additional \$125 fee for a total of \$325.

I will be attending with my certified Service Dog: No: ___ Yes: ___ Dog's Name: _____

TRANSPORTATION INFORMATION

Arriving by Airplane? Do you need transportation from the airport to the event? Yes _____ No _____

If "YES" Please State:

Arrival date/flight/time: _____

Departure date/flight/time: _____

SUMMER LIGHT INFORMATION

Would you like us to send you an application for our summer event(s)? Yes _____ No _____

Photograph Release:

I, _____, wish to participate in the activity being provided by the Black Hills Regional Ski for light and acknowledge I may be photographed and the photos may be used for fundraising purposes.

Signature _____

Person To Contact In Case Of An Emergency:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home# _____ Work# _____ Cell # _____

Relationship: _____

Financial Assistance:

Check if financial assistance is needed and you will be contacted. This option is only available for Participants.

Meals not covered by Ski for Light: SFL does not provide the five breakfasts on Monday-Friday, nor the three evening meals on Sunday, Tuesday and Wednesday during the event. You may purchase a non-refundable packet of meal vouchers which can only be used at the Gem located in the Mineral Palace for \$83.00.

_____ Yes, I would like to purchase the meal packet (Enclose \$83.00 with the application).

Completing this application: Returning Participants who fill out their applications completely and send in all the fees may have a quicker time at registration.

Did you remember to:

_____ Completely fill out the application, answering all questions on pages 2 and 3?

_____ Sign the SFL photograph release on page 3?

_____ Sign the SFL Release and Waiver on page 4

_____ Have a witness/legal guardian sign the SFL Release and Waiver on page 4 if under the age of 18?

_____ **Enclose your payment of \$200 (double occupancy) or \$325 (private room) for the event fee?**

_____ **Enclose your payment of \$83 for the meal packet (if requested)?**

Please return pages 2-4 of this completed application and your PAYMENT to:

Ski for Light
PO Box 3707
Rapid City, SD 57709

You will receive a letter of confirmation after sending in your application.

If you have any questions, check our website at **www.bhsfl.org**, email **bhskiforlight@gmail.com**, or call SFL at 605-341-3626.

Don't forget to follow us on Facebook at **Black Hills Regional Ski for Light**.