

4-Time Group Program

Date Selection

Group Name: _____

Group Coordinator: _____

Contact Phone: _____

Contact Email: _____

Instructions: Please write in the 4 dates of your group visit and submit this form back to Nordic Mountain. Also, select a make-up date. Please note that the make-up date is for the entire group only if you must miss one of your first 4 visits due to weather. It is not intended for individuals that miss one of the 4 visits. We will no longer be issuing credits to individuals for time missed.

Eligible dates are any Monday – Friday night after 4:30pm, excluding the Holiday Week.

Please note: There are capacity issues on certain nights. We will accommodate night selections on a first come—first served basis. If you are looking to avoid large crowds, avoid picking Friday nights.

Trip #1: _____

Trip #2: _____

Trip #3: _____

Trip #4: _____

Make-Up Date: _____

What time will your group arrive? _____

(please provide your best estimate)

Please return this form to Nordic Mountain by mail or email.

MAIL:

GROUP SALES
W5806 Cty Rd W
Wild Rose, WI 54984

EMAIL:

brandon@nordicmountain.com
(920) 240-9098

