

Please fill out, print and return.

Please Print:

NAME:
Last *First* *M.I.*

YES, I would like to return as a Mount Southington Ranger

NO, I will not be returning as a Mount Southington Ranger (skip to "Comments").
Please return your jacket as soon as possible.

Will you need a season pass for a member of your family? Yes No

Number of season passes you are requesting:

Ranger Jacket:

I would like an upgraded Jacket for the 2010-2011 season. (There are no new jackets ordered).

Please indicate appropriate size:

Men's sm med lg xlg xxlg

NOTE: Ranger jacket must be returned to Mount Southington when no longer employed. Deposit will be reimbursed upon receipt of jacket.

ADDRESS:
No. & Street *City* *State* *Zip*

EMAIL: PHONE:
Home *Work*

CELL / ALTERNATE PHONE:

IN CASE OF EMERGENCY NOTIFY:
Name *Phone #*

Signature: _____ Date: _____

Comments: