GROUP NAME:_____ GROUP LEADER:_____

ADDRESS:_____ CITY & STATE:_____ZIP:_____

PHONE:_____ FIRST SKI DAY:_____ LAST SKI DAY:_____

NOTE: The bindings are set based on the accuracy of your information. This is for your safety. Please complete ALL information below.

**Any changes pertaining to this information, must be made two weeks prior to your trip.

ALL PARTICIPANT INFORMATION

Ability: Beginner=I Intermediate=II Expert=III

For our use only						Check						Check here			Check here		*Shop use only*	
LiftTickets						if not			Shoe			to request	Ski length	Ability	to request	Right or Left	Binding	
1	2	3	Les.	#	Name	skiing	Age	Sex	Size	Weight	Height	**Snowblades**	if known	I,II,or III	**Snowboard**	Foot Forward	Setting	Ski #
				1														
				2														
				3														
				4														
				5														
				6														
				7														
				8														
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				20														

Ability: Beginner=I Intermediate=II Expert=III

For our use only						Check						Check here			Check here		*Shop use only*	
LiftTickets						if not			Shoe			to request	Ski length	Ability	to request	Right or Left	Binding	
1	2	3	Les.	#	Name	skiing	Age	Sex	Size	Weight	Height	**Snowblades**	if known	I,II,or III	**Snowboard**	Foot Forward	Setting	Ski #