Gro	oup Name:		Group Leader:								
Address:				City & State:							
Phone:				Zip:							
First Ski Day:				Last Ski Day:							
								Ability: Beginner= I Intermediate= II Expert= III			
										Check here to	
		Check if		Date of					Ability I,	request	Right or left
#	Name	not skiing	Age	Birth	Sex	Shoe Size	Weight	Height	II, or III	snowboard	foot forward
1											
2											
3											
4											
5											
6											
7											
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