



Snowboard Tour Registration Form



First Name: _____ Last Name: _____

Street Address: _____

City: _____ Postal code: _____

Phone #: _____ E-MAIL: _____

DOB: _____ Health Card Number: _____

Male Female T-Shirt Size XS S M L XL XXL

Would you like to be added to our Email list: Yes No

TOUR OPTION: Please check the box applicapble to your Tour Option(s):

Standard Powder Adventure Option 1: Option 2: Option 3: Option 4:

Please provide the first and last names and phone# of any participants who are in your group

Person #1: _____ Person #2: _____

Person #3: _____ Person #4: _____

Person #5: _____ Person #6: _____

In case of an emergency contact:

Name: _____ Relation: _____

Phone #: _____

By signing this document you agree to the following:

- that you have read and understand the terms and conditions of all pages in this document.
- that you are at least 18 years of age or have written parental consent to attend the snowboard Tour.
- that should you not attend or miss the payment/deposit deadline of December 15th 2010 your deposit will not be refunded.

Sign: _____ Date: _____

**Snowboard Tour Itinerary and guidelines will be strictly enforced and provided to all tour participants one week prior to departure.*

Special Requests, Medical Information or Pertinent Information:
