MASTER INFORMATION FORM - 2016/2017

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NAME OF GROUP		DATE OF TRIP	mm/dd/yy
GROUP LEADER		ARRIVAL TIME	
TEACHER EMERGENCY CONTACT NUMBER (Must be a cell phone):			

TEACHER/VOLUNTEER SECTION

# OF TEACHER /VOLUNTEER LIFT TICKETS		# OF TEACHER /VOLUNTEER SKI RENTAL (helmet included)		# OF TEACHER /VOLUNTEER SNB RENTAL (helmet included)		# OF TEACHER /VOLUNTEER HELMETS		# OF TEACHER /VOLUNTEER SNOWSHOE RENTAL	

STUDENT SECTION

# OF STUDENT SKI RENTAL (helmet included)		# OF STUDENT SNB RENTAL (helmet included)		# OF STUDENTS RENTING A HELMET ONLY		# OF STUDENTS WITH OWN EQUIPMENT		# OF STUDENTS WITH SEASONS PASS (indicate # below)	
# OF STUDENT SNOWSHOE RENTAL		TOTAL # OF MEAL VOUCHERS							

#	FIRST NAME	LAST NAME	SKI RENTAL (x)	SNB RENTAL (x)	SNOW SHOES (x)	HEIGHT (cm)	WEIGHT (kg)	DOB mm/dd/yy	ABILITY LEVEL 1-BEG 2-INT 3-ADV	SHOE SIZE	HELMET ONLY (x)	SEASON'S PASS NUMBER
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2												
3												
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