Lakeridge Snow School Groups **SUPERVISOR/PAYING ADULT PARTICIPANT FORM** Season 2010

School: **Contact:** **Phone # :**

PLEASE PRINT CLEARLY

FIRST NAME	LAST NAME	Supervisor	Pay Adult	Age	**S**ki **B**rd **Bl**ade **T**ube	**R**ent **N**on-Rent	For Renters Only: Height	Weight	Shoe Size	Ski or Brd **Abilty** Level **1 to 6**	Waiver Rcv'd	**Attendance by Occ"s** Occ's not coming with "x": 1	2	3	4	5	6	7	8

TOTAL SKIERS: _____ Skiers Non-Renting ____ Renting ____ TOTAL SNBDER'S ____ Brd's Non-Renting _____ Brd's Renting _____

PARTICIPANT & WAIVER FORMS MUST BE SUBMITTED 2 WEEKS PRIOR TO 1-TIME OR FIRST VISIT