2016 SPECIAL SKI TRIPS PERMISSIOM FORM

Circle Your School: COFFMAN JEROME SCIOTO

PLEASE PRINT:

SKIER NAME _____DATE_____

HOME ADDRESS_____

HOME TELEPHONE_____ZIP CODE_____

_____ _____
PRINT Parent Name Parent Signature

_____ _____
PRINT Student Name Student Signature

PARENT EMAIL_____

Once Paid Monies are Non-Refundable

PLEASE CHECK THE TRIP OR TRIPS DESIRED:

Holiday Valley $140_____

Snowshoe $140_____

Boyne Mountain $140_____ (Includes Admission to Water Park)

Total Amount_____

Information needed from Skiers who will be renting equipment:

Birth Date _____Height_____Weight_____Sex_____
Shoe Size _____

Skiing Classification_____(*Type I, **Type 2, ***Type 3)

*1: Ski conservatively, **2 Ski moderately, ***3 Ski Aggressively