

2017 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 \$150 _____

Snowshoe \$150 _____

Boyne Mountain \$150 _____ (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

